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CALIFORNIA
STRUCTURED DECISION MAKING:
WHICH TOOL, WHEN, WHO?

TOOL	Hotline	ER	FM	FR	PP
Response Priority (I)	All new referrals.	If responsible for taking new referral and deciding about response.			
Safety (II) Assessment		All investigations and subsequently if safety conditions change.	If safety conditions change.	Read only, and if children are returned home and safety conditions change.	
Risk (III) Assessment		All inconclusive and substantiated investigations.	Read only, and if responsible for investigating new inconclusive or substantiated referral.		
FSNA (IV) Family Strength and Needs Assessment		All referrals that will be opened to FM or FR if responsible to develop case plan.	Every six months, prior to completing a case plan.		Read only, with option to use child strength and need assessment (not put in database)
Contact Guidelines (V)			In home guidelines apply to all cases.	Out-of-home guidelines apply to all cases.	
Reassessment (VI) Risk/Needs			Every six months in conjunction with court hearings or sooner if conditions change.		Read only.
Reunification Assessment (VII)				Every six months in conjunction with court hearings or sooner if conditions change.	Read only and if new parent requires reunification service or existing parent is ordered by court to be reconsidered.

Primary Responsibility

Occasional Responsibility

No Responsibility

CALIFORNIA
STRUCTURED DECISION MAKING MODEL
GOALS

Overall Goal:

Better protection of children.

Process Goals:

1. Improve assessments of family situations in order to better ascertain the protection needs of children.

2. Increase consistency in case assessment and case management among child abuse/neglect staff within a county and among counties.

3. Increase the efficiency of child protection operations by making the best use of available resources.

4. Provide management with data needed for program administration, planning, evaluation, and budgeting.

System Goals:

1. Reduce the rate of subsequent abuse/neglect complaints and substantiations.

2. Reduce the severity of subsequent abuse/neglect complaints.

3. Reduce the rate of foster care placement.

4. Reduce the length of stay in foster care.

CALIFORNIA
STRUCTURED DECISION MAKING ASSESSMENT
DEFINITIONS

1. Caretaker: Adults, parents, or guardians in the household who provide care and supervision for the child(ren).

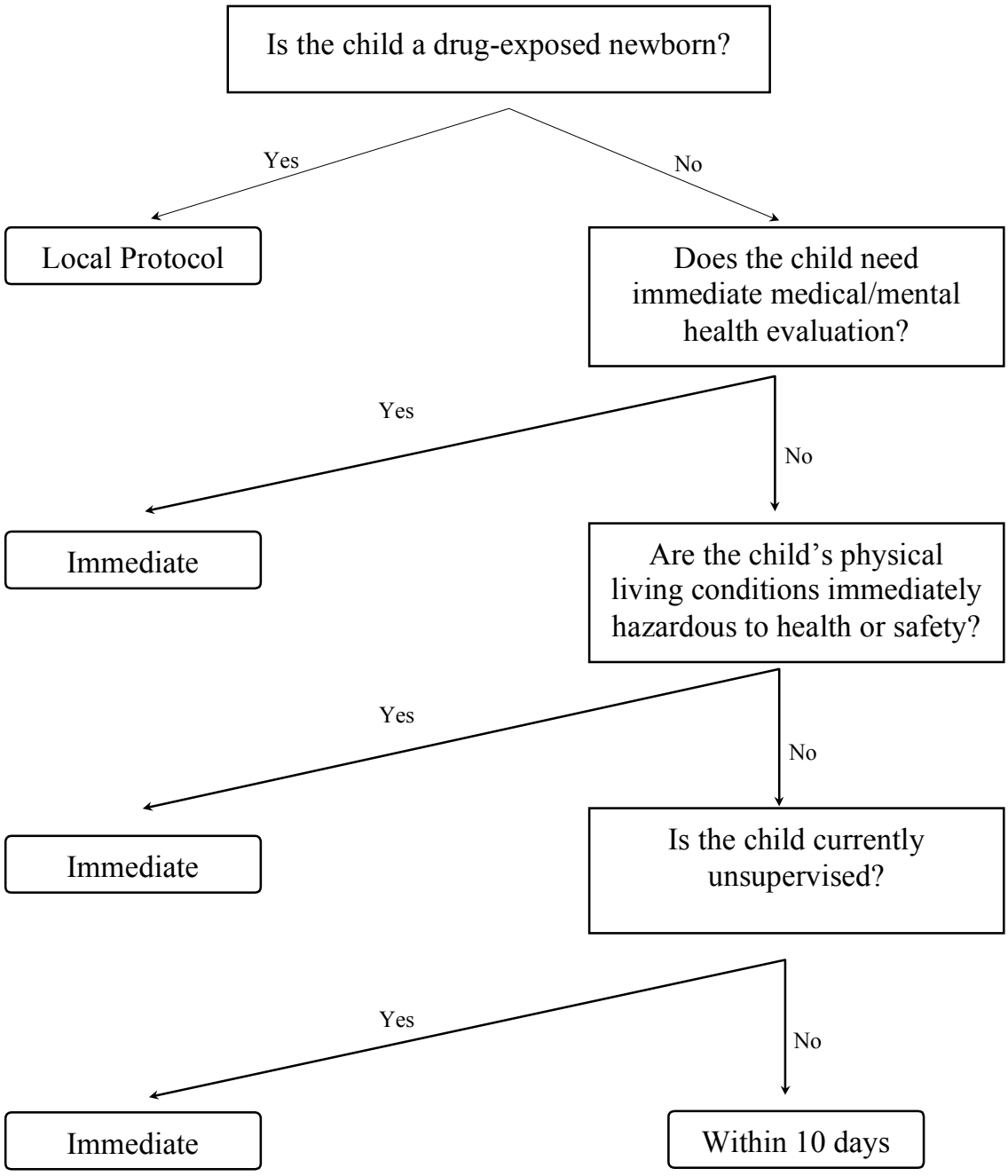
2. Family: Parents, adults fulfilling the parental role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by family.

3. Household: All persons who have significant in-home contact with child(ren), including those who have a familial or intimate relationship with any person in the home.

Neglect

Referral Name: _____ Referral #: _____ County: _____

Date: _____



Policy Override:

Immediate Response whenever:

_____ Law enforcement is requesting an immediate response.
_____ Forensic considerations require an immediate response.
_____ There is reason to believe a family will flee.

Response within 10 days whenever:

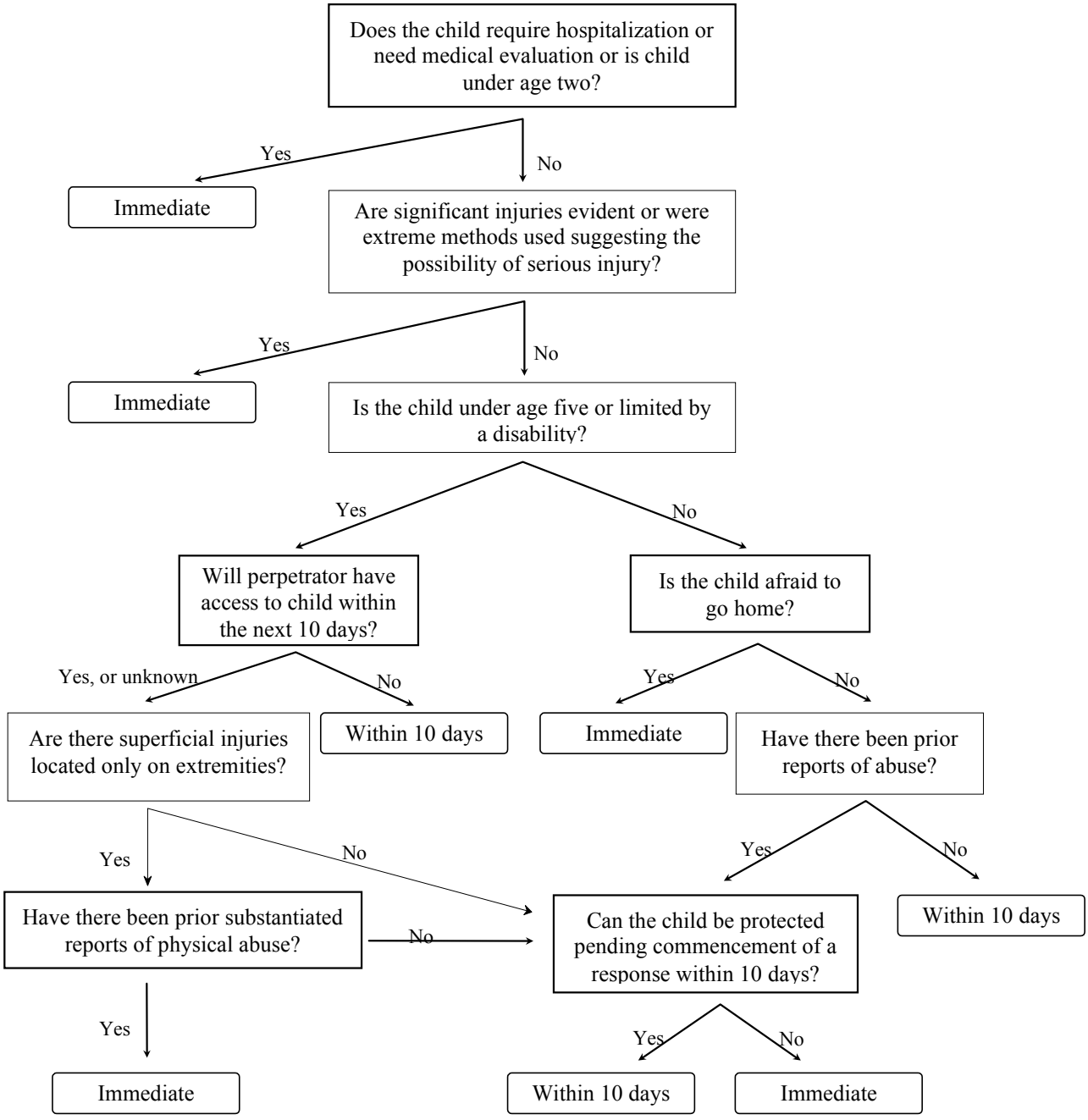
_____ Forensic or safety considerations require a non-immediate response.
_____ Child is currently in a safe environment.
_____ Child is hospitalized and will not be discharged within 10 days.

_____ **Discretionary Override** (reason): _____

Physical Abuse

Referral Name: _____ Referral #: _____ County: _____

Date: _____



Policy Override:

Immediate Response whenever:

_____ Law enforcement is requesting an immediate response.
_____ Forensic considerations require an immediate response.
_____ There is reason to believe a family will flee.

Response within 10 days whenever:

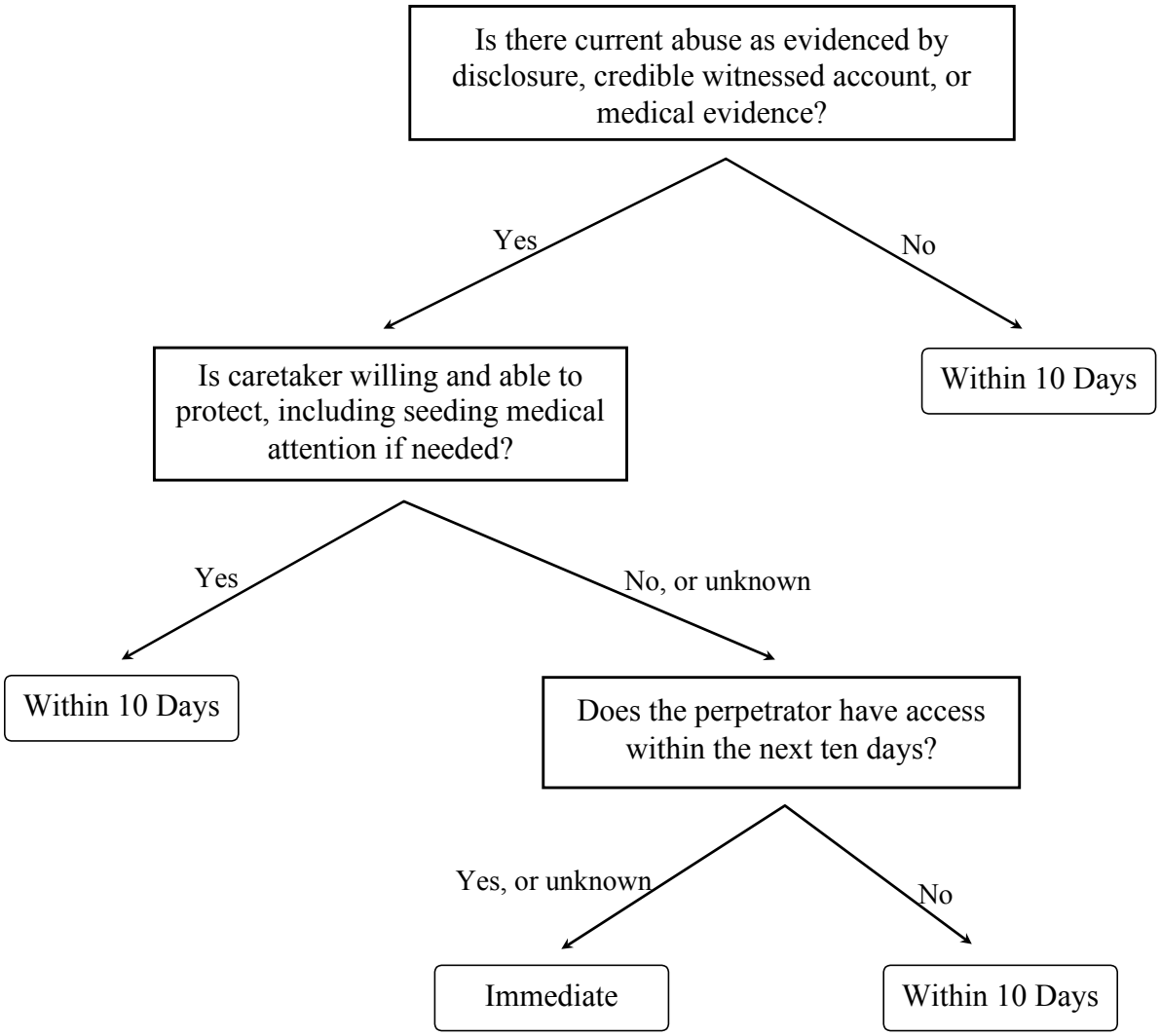
_____ Forensic or safety considerations require a non-immediate response.
_____ Child is currently in a safe environment.
_____ Child is hospitalized and will not be discharged within 10 days.

_____ **Discretionary Override** (reason): _____

Sexual Abuse

Referral Name: _____ Referral #: _____ County: _____

Date: _____



Policy Override:

Immediate Response whenever:

_____ Law enforcement is requesting an immediate response.
_____ Forensic considerations require an immediate response.
_____ There is reason to believe a family will flee.

Response within 10 days whenever:

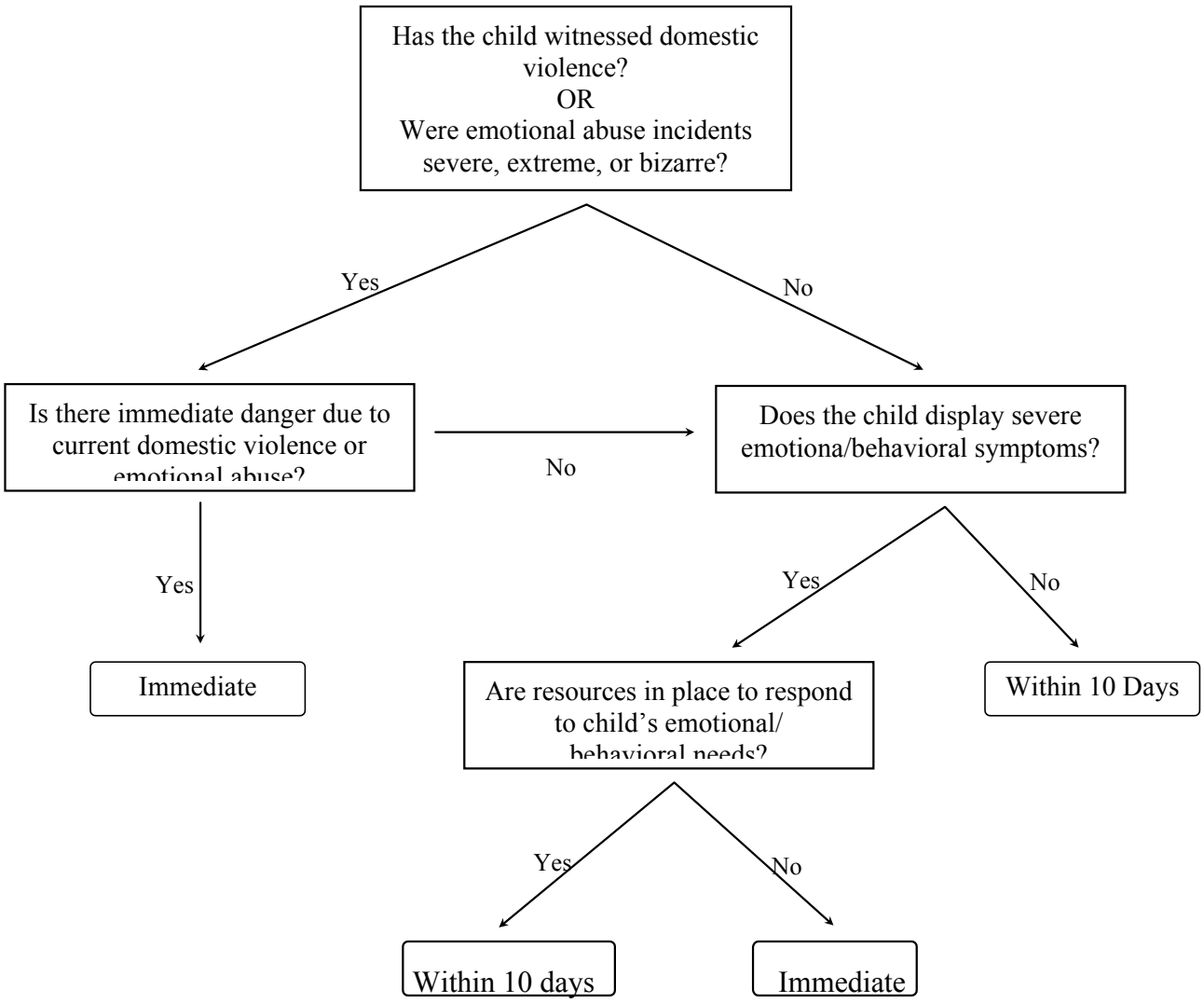
_____ Forensic or safety considerations require a non-immediate response.
_____ Child is currently in a safe environment.
_____ Child is hospitalized and will not be discharged within 10 days.

_____ **Discretionary Override** (reason):

Emotional Abuse

Referral Name: _____ Referral #: _____ County: _____

Date: _____



Policy Override:

Immediate Response whenever:

_____ Law enforcement is requesting an immediate response.
_____ Forensic considerations require an immediate response.
_____ There is reason to believe a family will flee.

Response within 10 days whenever:

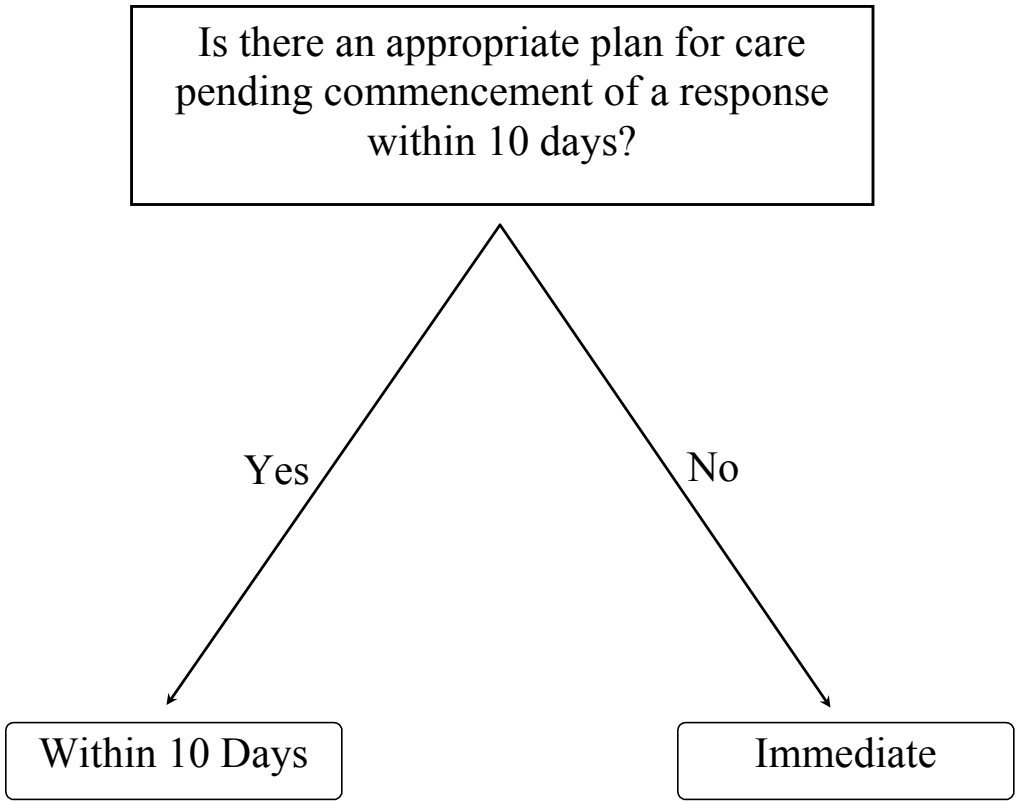
_____ Forensic or safety considerations require a non-immediate response.
_____ Child is currently in a safe environment.
_____ Child is hospitalized and will not be discharged within 10 days.

_____ **Discretionary Override** (reason): _____

Caretaker Absent/Incapacitated

Referral Name: _____ Referral #: _____ County: _____

Date: _____



Policy Override:

Immediate Response whenever:

_____ Law enforcement is requesting an immediate response.
_____ Forensic considerations require an immediate response.
_____ There is reason to believe a family will flee.

Response within 10 days whenever:

_____ Forensic or safety considerations require a non-immediate response.
_____ Child is currently in a safe environment.
_____ Child is hospitalized and will not be discharged within 10 days.

_____ **Discretionary Override** (reason): _____

CALIFORNIA
RESPONSE PRIORITY
DEFINITIONS

I. NEGLECT DECISION TREE

Use this tree for severe neglect, general neglect, and medical neglect. Also include inadequate supervision and children left alone if it is known that caretaker(s) plans to return.

Is the child a drug-exposed newborn?
Mother and/or baby has positive toxicology screen at birth; or prenatal substance exposure as evidenced by pre-natal test or mother's self-admission; or medical diagnosis.

See local county protocols for drug-exposed newborns.

Does child need immediate medical/mental health evaluation?
Directive from medical personnel that the child(ren) needs immediate medical/mental health attention; or failure to thrive indicators, i.e., underweight, minor not fed, listlessness; or refusal of caretaker(s) to meet child(ren)'s medical/mental health needs or treat a serious or significant injury/condition.

Are the child's physical living conditions immediately hazardous to health or safety?
Based on the child(ren)'s age and developmental status, the child(ren)'s physical living conditions are hazardous and immediately threatening. For example:

- Leaking gas from stove or heating unit;
- Substances or objects accessible to the child(ren) that may endanger the health and/or safety of the child(ren);
- Lack of water or utilities (heat, plumbing, electricity) and no alternate or safe provisions are made;
- Open windows/broken/missing windows;
- Exposed electrical wires;
- Excessive garbage or rotted or spoiled food which threatens health;
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites);
- Evidence of human or animal waste throughout living quarters;
- Guns and other weapons are not locked.

Is the child currently unsupervised?

Based upon local community standards the child(ren) is not receiving appropriate supervision from his/her caretaker(s) and there is no appropriate alternative plan for supervision pending commencement of a response within 10 days.

- Child(ren) is currently alone (time period varies with age and developmental stage);

- Caretaker(s) does not attend to child(ren) to the extent that need for care goes unnoticed or unmet (e.g., caretaker(s) is present but child[ren] can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards; a child with some suicidal ideation is not closely monitored).

- Child(ren) is presently receiving inadequate and/or inappropriate childcare arrangements.

II. PHYSICAL ABUSE TREE

Does child require hospitalization or need medical evaluation or is child under age two?
Child(ren) requires immediate medical treatment and/or hospitalization. Are there possible internal injuries/broken bones/fractures/injuries to the head or abdomen area? Are there apparent burns requiring medical treatment or evaluation? This DOES NOT include child(ren) who is currently receiving, or who has already received, medical attention.

Are significant injuries evident or were extreme methods used suggesting the possibility of serious injury?
Are visible signs of abuse apparent: bruises, welts, abrasions, lacerations, old scars/marks including healing wounds? Are there possible internal injuries/broken bones/fractures/injuries to the head or abdomen area? Are there odd or bizarre behaviors which could lead to injuries, such as hitting with hammers or boards, hitting on the bottom of the feet, using restraints, placing objects or chemicals in eyes, etc.

Is child under age five or limited by disability?
Does child(ren) have a physical or mental disability that increases vulnerability?

Will perpetrator have access to child within next ten days?
Will the alleged perpetrator have unsupervised, in-person contact, including visitation, with the child(ren)?

Are there superficial injuries located only on extremities?
Are there injuries to the hands, arms, feet, or legs which do not seem to require medical evaluation or treatment and which do not include possible internal injuries, broken bones, other fractures, or apparent burns? Are the only injuries very few in number and consist only

of surface scrapes, abrasions, or bruises which do not appear to be darkly colored or deep tissue bruises?

Have there been prior substantiated reports of physical abuse?
Have there been previous reports of physical abuse that have been substantiated, made to a child protection agency, including law enforcement?

Is child afraid to be home?
The fear expressed is based on credible threats made by the caretaker(s); child(ren) evidences behavioral indicators of fear; there is a history of abusive behavior that is similar to the current allegation, and may suggest a higher chance of recurrence.

Have there been prior reports of abuse?
Have there been previous reports of abuse (includes physical, sexual, or emotional abuse), substantiated or unsubstantiated, made to a child protection agency, including law enforcement?

Can child be protected in the home pending commencement of a response within 10 days?
Is there a caretaker in the home who is willing and able to protect the child(ren)?

III. SEXUAL ABUSE DECISION TREE

Is there current abuse as evidenced by disclosure, credible witnessed account, or medical evidence?
Disclosure may be verbal or nonverbal (i.e., extreme sexual acting-out behavior). Medical evidence includes actual medical findings related to sexual abuse as well as suspicious findings such as sexually transmitted diseases in young children.

Is caretaker willing and able to protect, including seeking medical attention if needed?
Is non-offending caretaker supporting the child[ren]'s disclosure and demonstrating the ability to prevent the suspect from having access to the child(ren)? Will non-offending caretaker not pressure child(ren) to change statement? Will non-offending caretaker obtain medical treatment if needed?

Does perpetrator have access within next ten days?
Does suspect have the ability to have physical, verbal, or written contact with child(ren)?

IV. EMOTIONAL ABUSE DECISION TREE

Has child witnessed domestic violence or were emotional abuse incidents severe, extreme, or bizarre?

Witnessed: Seen or heard incident(s) of domestic violence, or child(ren) has learned about incident(s) in a manner that creates upset for the child(ren).

Domestic Violence: Definition in Penal Code.

Severe, Extreme, or Bizarre**:** Examples include:

- Parent threatens to harm self in child(ren)'s presence;
- Unusual forms of discipline (e.g., child(ren) standing in corner on one leg, cutting child(ren)'s hair with intent to create trauma, forcing child(ren) to wear inappropriate clothing such as a ten-year-old being forced to wear diapers; this should NOT include incidents of inappropriate clothing due to poverty or current fashion);
- Murder or torture of people or pets in front of child(ren);
- Child(ren)'s extreme rejection from family (e.g., abnormally long time-outs based on child[ren]'s age and developmental level; family acts as if child[ren] doesn't exist).
- Child singled out for detrimental treatment;
- Parent is constantly belittling child or has unrealistic expectations of child(ren).

Is there immediate danger due to current domestic violence or emotional abuse?

Are there weapons present, or is substance abuse involved which could escalate domestic violence? Does either partner require medical evaluation? Is there a perception that emergency conditions exist (e.g., children locked in cage)?

Does child display severe emotional/behavioral symptoms?

Examples include: suicidal ideation of child(ren); somatic complaints; enuresis/encopresis not due to medical condition; long-term withdrawal/depression/isolation from family or school activities; severe aggressive behavior; cruelty toward animals.

Are resources in place to respond to child's emotional/behavioral needs?

Child(ren) is hospitalized, in a group home, or in juvenile hall; is with safe caretaker, such as grandparents; and/or receiving appropriate mental health services.

V. CARETAKER ABSENT/INCAPACITATED DECISION TREE

Use this tree when:

- Caretaker(s)' whereabouts are unknown.
- Child(ren) has been left with no provisions for support.
- Child(ren) has been left with another party and caretaker(s) has no known plan to return.
- Caretaker(s) has been hospitalized, incarcerated, or by other means is prevented from being present to care for the child(ren).

- Caretaker(s) is incapacitated due to mental illness, developmental disability, or medical disability.

Is there an appropriate plan for care pending commencement of a response within 10 days?

An interim plan meets minimum standards for child(ren)'s physical, medical, and emotional needs. A reliable adult has committed to provide for basic medical, mental health, safety, physical needs (food, shelter, clothing), and supervision, and has the means to do so.

CALIFORNIA
RESPONSE PRIORITY
POLICY AND PROCEDURES

The purpose of the response priority decision trees is to assess how quickly the investigation must be initiated. The decision trees structure this analysis to determine a response priority level.

Which Cases: The response priority decision trees are to be completed on every new child protective services referral that is taken for which an in-person investigation will be completed. (This includes telephone, fax, walk-in, mail-in, and all other means of referral, and includes information on new families and families already known to the agency, whether or not a case is currently open.)

Who: Every staff member who takes a referral of child abuse and neglect and is responsible to evaluate that referral.

Decision: Maltreatment type trees determine how quickly an investigation must be initiated.

When: The response priority process is completed immediately upon receipt of the referral and associated information about the allegation.

Appropriate Completion: To keep the trees brief and simple, it is necessary to use short phrases to "stand for" more elaborate definitions. It is critical that the trees be used based on the complete definitions. In the beginning, workers will need to refer to the definitions at all times. With practice, experienced workers will integrate the definitions into memory and will find it is not always necessary to *look at* the definitions, though the definitions should always be *used*. It is always good practice to refer to the definitions from time to time as memory has a tendency to erode. It is also advisable to refer to the definitions for less common referrals, whenever there is doubt about the appropriate response, and when reviewing a decision.

1. In the Child Welfare Services Case Management System (CMS), complete the response priority guideline. If an in-person investigation will be completed, proceed to step #2.

2. For EACH maltreatment type tree selected, begin at the first question box and indicate yes or no as appropriate, using the definitions to determine the appropriate response. To determine whether “yes” or “no” is the most appropriate response for each decision box, the worker should ask questions of the referrant until the response becomes clear or the referrant has no further information. If the appropriate response is still in doubt, the worker should respond in the most protective way.

Follow the branch of the tree determined by the yes/no response and proceed as above until reaching a termination point. The termination point indicates whether structured decision making (SDM) recommends an immediate response or a response within ten days. If an immediate response has been indicated on one tree, **it is not necessary to complete additional maltreatment trees.**

Overrides: The decision trees are designed to guide decisions, not to replace worker judgement. If, after consultation with supervisor, it is agreed that appropriate completion of the tree leads to a decision that does not apply to a particular case due to unique circumstances not captured by the tool, the supervisor may approve an alternate decision using policy or discretionary overrides.

Policy Overrides: Certain conditions have been determined to require a particular response regardless of the maltreatment type circumstances. The evaluator should check the appropriate line to indicate that a policy override condition, rather than the maltreatment tree, has guided the response.

Immediate response whenever:

- Law enforcement is requesting an immediate response.
- Forensic considerations require an immediate response.
- There is reason to believe a family will flee.

Response within ten days whenever:

- Forensic or safety considerations require a non-immediate response.
- Child is currently in a safe environment.
- Child is hospitalized and discharge is not imminent.

Discretionary Overrides: Occasionally there will be extraordinarily unique circumstances not captured within the questions and definitions of the decision trees. The evaluator, after obtaining supervisor approval, should check the appropriate line to indicate that the response was based on a discretionary override. A brief description of the reason should be entered.

Related State Regulation: Supervisor approval required. Child Welfare Services Program. Manual of Policies and Procedures 31-105.213

Related Local Policy:

CALIFORNIA
SAFETY ASSESSMENT

Referral Name: _____ **Referral #:** _____ **County:** _____

Names of Children Assessed:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

(If more than six children are assessed, add additional names and numbers on reverse side.)

Are there additional names on reverse? 1. Yes 2. No

Date of Child Maltreatment Referral: ____/____/____

Date of Assessment: ____/____/____ **Worker:** _____

SECTION 1: SAFETY FACTORS

Assess household for each of the following safety factors. Indicate whether currently available information results in reason to believe safety factor is present. Check all that apply.

_____ 1. Caretaker(s) caused serious physical harm to the child(ren), or made a plausible threat to cause serious physical harm in the current investigation indicated by:
- ___ Serious injury or abuse to child(ren) other than accidental;
- ___ Caretaker(s) fears s/he will maltreat child(ren);
- ___ Threat to cause harm or retaliate against child(ren);
- ___ Excessive discipline or physical force;
- ___ Drug-exposed infant.

_____ 2. Current circumstances, combined with information that the caretaker(s) has or may have previously maltreated child(ren) in their care, suggests that the child(ren)'s safety may be of immediate concern based on the severity of the previous maltreatment or the caretaker(s)' response to the previous incident.

_____ 3. Child sexual abuse is suspected and circumstances suggest that child(ren)'s safety may be of immediate concern.

_____ 4. Caretaker fails to protect child(ren) from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.

_____ 5. Caretaker(s)' explanation for the injury to the child(ren) is questionable or inconsistent with type of injury, and the nature of the injury suggests that the child(ren)'s safety may be of immediate concern.

_____ 6. The family refuses access to the child(ren) or there is reason to believe that the family is about to flee.

_____ 7. Caretaker(s) does not meet the child(ren)'s immediate needs for supervision, food, clothing, and/or medical or mental health care.

_____ 8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child(ren).

_____ 9. Caretaker(s)' current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child(ren).

_____ 10. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child(ren).

_____ 11. Caretaker(s) describes child(ren) in predominantly negative terms or acts toward child(ren) in negative ways that result in the child(ren) being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.

_____ 12. Caretaker(s)' emotional stability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child.

_____ 13. Other (specify): _____

SECTION 2: SAFETY INTERVENTIONS

If no safety factors are present, skip to Section 3. If one or more safety factors are present, consider whether safety interventions 1-8 will allow child(ren) to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child(ren) to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking child(ren) into protective custody.

Check all that apply:

_____ 1. Intervention or direct services by worker.

_____ 2. Use of family, neighbors, or other individuals in the community as safety resources.

_____ 3. Use of community agencies or services as safety resources.

_____ 4. Have caretaker appropriately protect victim from the alleged perpetrator.

_____ 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.

_____ 6. Have the non-offending caretaker move to a safe environment with the child(ren).

_____ 7. Legal action planned or initiated -- child(ren) remains in the home.

_____ 8. Other (specify): _____

_____ 9. Have the caretaker(s) voluntarily place the child(ren) outside the home.

_____ 10. Child(ren) placed in protective custody because interventions 1-9 do not adequately assure child(ren)'s safety.

SECTION 3: SAFETY DECISION

Identify the safety decision by checking the appropriate line below. This decision should be based on the assessment of all safety factors, safety interventions, and any other information known about the case. Check one line only.

1. _____ No safety factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

2. _____ One or more safety factors are present, and protecting safety interventions have been planned or taken. Based on protecting interventions, child(ren) will remain in the home at this time.

3. _____ One or more safety factors are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

   _____ All children placed.
   _____ The following children were placed: *(enter number from page 1)*

   _____ _____ _____ _____ _____ _____

CALIFORNIA
SAFETY ASSESSMENT
DEFINITIONS

1. Caretaker(s) caused serious physical harm to the child(ren), or made a plausible threat to cause serious physical harm in the current investigation indicated by:

- Serious injury or abuse to child(ren) other than accidental - caretaker(s) caused serious injury defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the child(ren) (e.g., poisoning, suffocating, shooting, bruises/welts, bite marks, choke marks) which requires medical treatment.

- Caretaker(s) fears s/he will maltreat child(ren) - and/or request placement.

- Threat to cause harm or retaliate against child(ren) - threat of action which would result in serious harm; or household member(s)' plans to retaliate against child(ren) for CPS investigation.

- Excessive discipline or physical force - caretaker(s) has used torture, physical force, or acted in a way which bears no resemblance to reasonable discipline; or punished child(ren) beyond the duration of the child(ren)'s endurance.

- Drug-exposed infant - e.g., drugs found in the child(ren)'s system; infant is medically fragile as result of drug exposure; infant suffers adverse effects from introduction of drugs during pregnancy.

2. Current circumstances, combined with information that the caretaker(s) has or may have previously maltreated child(ren) in their care, suggests that the child(ren)'s safety may be of immediate concern based on the severity of the previous maltreatment or the caretaker(s)' response to the previous incident.

There must be both current immediate threats to child safety AND related previous maltreatment that was severe and/or represents an unresolved pattern.

Previous maltreatment includes any of the following:

- Prior death of a child(ren) as a result of maltreatment.

- Prior serious harm to child(ren) - previous maltreatment by caretaker(s) that was serious enough to cause severe injury (e.g., fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, and/or physical findings consistent with sexual abuse based on medical exam).

- Termination of parental rights - caretaker(s) had parental rights terminated as a result of a prior CPS investigation.

- Prior removal of child(ren) - removal/placement of child(ren) by CPS or other responsible agency or concerned party was necessary for the safety of child(ren).

- Prior CPS substantiation - prior CPS investigation substantiated for maltreatment.

- Prior inconclusive CPS investigation - factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect allegations.

- Prior threat of serious harm to child(ren) - previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against child for previous incidents; prior domestic violence which resulted in serious harm or threatened harm to a child.

- Prior service failure - failure to successfully complete court-ordered or voluntary services.

3. Child sexual abuse is suspected and circumstances suggest that child(ren)'s safety may be of immediate concern.

Suspicion of sexual abuse may be based on indicators such as:

- Child(ren) discloses sexual abuse either verbally or behaviorally (e.g., age-inappropriate, sexualized behavior toward self or others).

- Medical findings consistent with molestation.

- Caretaker(s) or others in household have been convicted, investigated, or accused of rape or sodomy, or has had other sexual contact with child(ren).

- Caretaker(s) or others in the household have forced or encouraged child(ren) to engage in sexual performances or activities (including forcing child(ren) to observe sexual performances or activities).

- Access to a child by possible or confirmed sexual abuse perpetrator exists.

4. Caretaker fails to protect child(ren) from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.

- Caretaker(s) fails to protect child(ren) from serious harm or threatened harm as a result of physical abuse, neglect, or sexual abuse by other family members, other household members, or others having regular access to the child(ren). Caretaker(s) does not provide supervision necessary to protect child(ren) from potentially serious harm by others based on the child(ren)'s age or developmental stage.

- An individual(s) with known violent criminal behavior/history resides in the home, or caretaker allows access to child(ren).

5. Caretaker(s)' explanation for the injury to the child(ren) is questionable or inconsistent with type of injury, and the nature of the injury suggests that the child(ren)'s safety may be of immediate concern.

- The injury requires medical attention.
- Medical evaluation indicates injury is result of abuse; parent denies or attributes injury to accidental causes.
- Caretaker(s)' explanation for the observed injury is inconsistent with the type of injury.
- Caretaker(s)' description of the injury or cause of the injury minimizes the extent of harm to the child.
- Factors to consider include age of child, location of injury, exceptional needs of child(ren), or chronicity of injuries.

6. The family refuses access to the child(ren) or there is reason to believe that the family is about to flee.

- Family currently refuses access to the child or cannot or will not provide child(ren)'s location.
- Family has removed child(ren) from a hospital against medical advice to avoid investigation.
- Family has previously fled in response to a CPS investigation.
- Family has a history of keeping child(ren) at home, away from peers, school, and other outsiders for extended periods of time for the purpose of avoiding investigation.
- Caretaker(s) intentionally coaches or coerces child(ren), or allows others to coach or coerce child(ren), in effort to hinder the investigation.

7. Caretaker(s) does not meet the child(ren)'s immediate needs for supervision, food, clothing, and/or medical or mental health care.

- Minimal nutritional needs of the child(ren) are not met resulting in danger to the child(ren)'s health and/or safety.
- Child(ren) is without minimally warm clothing in cold months.

- Caretaker does not seek treatment for child(ren)'s immediate, chronic, and/or dangerous medical condition(s) or does not follow prescribed treatment for such conditions.

- Child(ren) appears malnourished.

- Child(ren) has exceptional needs, such as being medically fragile, which caretaker(s) does not or cannot meet.

- Child(ren) is suicidal and parent(s) will not/cannot take protective action.

- Child(ren) shows effects of maltreatment such as serious emotional symptoms, lack of behavioral control, or serious physical symptoms.

- Caretaker(s) does not attend to child(ren) to the extent that need for care goes unnoticed or unmet (e.g., caretaker is present but child(ren) can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards).

- Caretaker leaves child(ren) alone (time period varies with age and developmental stage).

- Caretaker(s) is unavailable (incarceration, hospitalization, abandonment, whereabouts unknown).

- Caretaker(s) makes inadequate and/or inappropriate baby-sitting or child care arrangements or demonstrates very poor planning for child(ren)'s care.

8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child(ren).

Based on the child(ren)'s age and developmental status, the child(ren)'s physical living conditions are hazardous and immediately threatening, including but not limited to:

- Leaking gas from stove or heating unit.
- Substances or objects accessible to the child(ren) that may endanger the health and/or safety of the child(ren).
- Lack of water or utilities (heat, plumbing, electricity) and no alternate or safe provisions are made.
- Open windows/broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food which threatens health.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked.

9. Caretaker(s)' current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child(ren).

Caretaker(s) has abused legal or illegal substances or alcoholic beverage to the extent that control of his or her actions is significantly impaired. As a result, the caretaker(s) is unable, or will likely be unable, to care for the child(ren); has harmed the child(ren); or is likely to harm the child(ren).

10. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child(ren).

- Child(ren) previously injured in domestic violence incident.
- Child(ren) exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- Child(ren) cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence in the home.
- Child(ren) is at potential risk of physical injury.
- Child(ren)'s behavior increases risk of injury (e.g., attempting to intervene during violent dispute, participating in the violent dispute).
- Use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of property damage resulting from domestic violence.

11. Caretaker(s) describes child(ren) in predominantly negative terms or acts toward child(ren) in negative ways that result in the child(ren) being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal. Examples of caretaker actions include:

- Caretaker(s) describes child(ren) in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- Caretaker(s) curses and/or repeatedly puts child(ren) down.
- Caretaker(s) scapegoats a particular child in the family.
- Caretaker(s) blames child(ren) for a particular incident or family problems.
- Caretaker(s) places child(ren) in middle of custody battle.

12. Caretaker(s)' emotional stability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child(ren).

- Caretaker(s)' refusal to follow prescribed medications impedes ability to parent the child(ren).

- Caretaker(s)' inability to control emotions impedes ability to parent the child(ren).

- Caretaker(s) acts out or exhibits distorted perception that impedes ability to parent the child(ren).

- Caretaker(s)' depression impedes ability to parent the child(ren).

- Caretaker(s) expects child(ren) to perform or act in a way that is impossible or improbable for the child(ren)'s age or developmental stage (e.g., babies and young children expected not to cry, expected to be still for extended periods, be toilet trained, eat neatly, or expected to care for younger siblings or expected to stay alone).

- Due to cognitive delay the caretaker(s) lacks the basic knowledge related to parenting skills such as:

    - not knowing that infants need regular feedings;
    - failure to access and obtain basic/emergency medical care;
    - proper diet; or
    - adequate supervision.

SAFETY INTERVENTION DEFINITIONS

SAFETY INTERVENTIONS ARE ACTIONS TAKEN TO SPECIFICALLY MITIGATE ANY IDENTIFIED SAFETY FACTORS. THEY SHOULD ADDRESS IMMEDIATE SAFETY CONSIDERATIONS RATHER THAN LONG-TERM CHANGES. FOLLOW COUNTY POLICIES WHENEVER APPLYING ANY OF THE SAFETY INTERVENTIONS.

1. **Intervention or direct services by worker.**
   Actions taken or planned by the investigating worker or other CPS staff that specifically address one or more safety factors. Examples include providing information about non-violent disciplinary methods, child development needs, or parenting practices; providing emergency material aid such as food; planned return visits to the home to check on progress; information on obtaining restraining orders; providing definition of child abuse laws and informing involved parties of consequences of violating these laws. DOES NOT INCLUDE the investigation itself or services provided to respond to family needs that do not directly affect safety.

2. **Use of family, neighbors, or other individuals in the community as safety resources.**
   Applying the family's own strengths as resources to mitigate safety concerns; using extended family members, neighbors, or other individuals to mitigate safety concerns. Examples include: family's agreement to use non-violent means of discipline; engaging a grandparent to assist with childcare; agreement by a neighbor to serve as a safety net for an older child; commitment by 12-step sponsor to meet with caretaker daily and call worker if caretaker has used or missed meeting; or caretaker(s) determine that child(ren) will spend a night or a few days with a friend or relative.

3. **Use of community agencies or services as safety resources.**
   Involving community based organization, faith-related organization, or other agency in activities to address safety concerns. Examples include: using a local food pantry. DOES NOT INCLUDE long term therapy or treatment; being put on a waiting list for services.

4. **Have the caretaker appropriately protect the victim from the alleged perpetrator.**
   A non-offending caregiver has acknowledged the safety concerns and is able and willing to protect child(ren) from alleged perpetrator. Examples include: agreement that child will not be alone with alleged perpetrator; will restrain alleged perpetrator from physical discipline of child.

5. **Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.**
   Temporary or permanent removal of the alleged perpetrator. Examples include arrest of alleged perpetrator, non-perpetrating caregiver "kicking out" alleged perpetrator who has no legal right to residence; perpetrator agrees to leave.

6. **Have the non-offending caretaker move to a safe environment with the child(ren).**
   A caretaker not suspected of harming the child(ren) has taken or plans to take the child(ren) to an alternate location where there will be no access to suspected perpetrator. Examples include: domestic violence shelter, home of friend or relative, hotel.

7. **Legal action planned or initiated-child remains in the home.**
   A legal action has already commenced or will be commenced that will effectively mitigate identified safety factors. This includes family initiated (examples include: restraining orders, mental health commitments, change in custody/visitation/guardianship.) and CPS initiated (file petition and child(ren) remain in the home).

8. **Other**.
   The family or worker identified a unique intervention for an identified safety concern that does not fit within items 1-7.

9. **Have the caretaker(s) voluntarily place the children outside the home.**
   A voluntary agreement is signed between the caretaker(s) and the CPS agency. This voluntary agreement is consistent with W&I 11400 (o).

10. **Child(ren) placed in protective custody because interventions 1-9 do not adequately assure child(ren)'s safety.**
    One or more children are protectively placed pursuant to W&I 309 and entitled to notice, and a hearing within 72 judicial hours.

CALIFORNIA
SAFETY ASSESSMENT
POLICY AND PROCEDURES

The purpose of the safety assessment and plan is: 1) to help assess whether any children are likely to be in immediate danger of serious harm/maltreatment which requires a protecting intervention, and 2) to determine what interventions should be initiated or maintained to provide appropriate protection.

Safety versus risk assessment: It is important to keep in mind the difference between safety and risk when completing this form. Safety assessment differs from risk assessment in that it assesses the child's present danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment.

Which Cases: All referrals that are assigned for in-person investigation.

Any open referrals or cases in which changing circumstances require an assessment of safety due to:

- Change in family circumstances
- Change in information known about family
- Change in ability of safety interventions to mitigate safety factors

Who: Social worker who is responding to referral

Decision: The safety assessment provides structured information concerning the danger of immediate harm/maltreatment to a child(ren). This information guides the decision about whether the child may remain in the home with no intervention, may remain in the home with safety interventions in place, or must be protectively placed.

When: The safety assessment is completed:

- For a new referral, the safety assessment *process* is completed utilizing the safety assessment field guide, before leaving a child in the home or returning a child to the home during the investigation. Circumstances may warrant postponing completion of the safety assessment *form*. The form should be completed as soon as possible after making the safety assessment, and at least prior to closing the referral or promoting it to a case.

- For children who have already been protectively placed by law enforcement or other means, and for whom no safety assessment has been completed, the social worker will complete a safety assessment within 48 hours.

- For open referrals or cases in which changing circumstances prompt a new safety assessment, the safety assessment *process* is completed immediately. The safety assessment *form* is completed as soon as possible, within the course of completing case documentation, but no later than within 30 days.

Appropriate Completion:

Workers should familiarize themselves with the 12 items that are included in the safety assessment tool and accompanying definitions. Workers will notice that the items on the tool are items they are probably already assessing. What distinguishes SDM is that it assures that every worker is assessing the same 12 items in each case, and that the responses to these items lead to specific decisions. Once a worker is familiar with the items that must be assessed to complete the safety assessment, the worker should conduct their initial contact as they normally would -- using good social work practice to collect information from the child, caretaker(s), and/or collateral sources. SDM assures that the specific items that comprise the safety assessment tool are assessed at some time during the initial contact.

Only children residing in the home are included in a safety assessment. Enter the names of all children being assessed.

The safety assessment consists of three parts:

1. Safety Items. This is a list of critical factors that must be assessed by every worker in every case. These factors cover the kinds of conditions, that if they exist, would render a child in danger of immediate harm. Because not every conceivable safety factor can be anticipated or listed on a form, an "other" category permits a worker to indicate that some other circumstance creates a safety factor; that is, there is something other than the listed categories that causes the worker to believe that the child is in danger of being harmed now.

   For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is expected that not all facts about a case can be known immediately. Some information is inaccessible and some is deliberately hidden from the worker. Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 12 safety factors and accompanying definitions. For each item, consider the most vulnerable child. If the safety factor is present, based on available information, check that item. If the safety factor is not present, leave the item blank. If there are circumstances the worker determines constitutes a safety factor, and these circumstances are not described by one of the existing items, the worker should check "other" and briefly describe the factor.

2. Safety Interventions. This section is completed only if one or more safety factors were identified. If one or more safety factors are present, it does not automatically follow that a child must be placed. In many cases, it will be possible for a temporary plan to be initiated that will mitigate the safety factors sufficiently so that the child may remain in the home while the investigation continues. Consider the relative severity of the safety factor(s), the caretaker(s) ability and willingness to work toward solutions, availability of resources, and the vulnerability of the child(ren).

   The safety intervention list is made up of general categories of interventions rather than specific programs. The worker should consider each potential category of interventions and determine whether that intervention is available and sufficient to mitigate safety factor(s), and whether there is reason to believe caretaker(s) will follow through with a planned intervention. Simply because an intervention exists in the community does not mean it should be used in a particular case. The worker may determine that even with an intervention the child would be unsafe; or the worker may determine that an intervention would be satisfactory, but has reason to believe the caretaker would not follow through. The worker should keep in mind that any single intervention may be insufficient to mitigate safety factor(s) but a combination of interventions may provide adequate safety. Also keep in mind that the safety intervention is not the case plan - it is not intended to "solve" household's problems or provide long-term answers. A safety plan permits a child to remain home during the course of the investigation.

   If one or more safety factors was identified and the worker determines that interventions are unavailable, insufficient, or may not be used, the final option is to indicate that child(ren) will be placed.

   If one or more interventions will be implemented, check each category that will be used. If there is an intervention that will be implemented that does not fit in one of the categories, check line 8 and briefly describe the intervention. The intervention category "10" is used only when a child is unsafe and only a placement can ensure safety.

3. Safety Decision. In this section, the worker records the result of the safety assessment. There are three choices:

   a. Check this line if no safety factors were identified. SDM guides the worker to leave the child in the home for the present.

b. If one or more safety factors was identified and the worker was able to identify sufficient protective interventions that lead the worker to believe the child may remain in the home for the present time, this line is checked.

c. If the worker determined that one or more children could not be safely kept in the home even after considering a complete range of interventions, this line is checked. It is possible that the worker will determine that interventions make it possible for one child to remain in the home while another must be removed. Check this line if ANY child is placed.

Check the appropriate box. If one or more children are placed, enter the number from page one; if all children are placed, check as indicated.

Accurate completion of the safety tool adheres to the following internal logic:

- If no safety factors are checked, there should be no interventions checked and the only possible safety decision is (1) "no intervention."
- If one or more safety factors are checked, there must be at least one intervention checked and the only possible safety decisions are (2) “intervention” or (3) “placement.”
- If one or more interventions are checked AND placement is not checked as an intervention, the safety decision that should be checked is (2) “intervention.” Placement should not be checked as an intervention if other interventions are checked.
- If placement is checked as an intervention, the safety decision must be (3) “placement.”

Related Policy:

CALIFORNIA
FAMILY RISK ASSESSMENT

c: 06/02

Referral Name: _____ **Referral #:** _____ **County:** _____

County Name: _____ **Worker Name:** _____ **Worker ID#:** _____

NEGLECT **Score**

N1. Current Complaint is for Neglect
- a. No 0
- b. Yes ..... 1 _____

N2. Prior Investigations (assign highest score that applies)
- a. None 0
- b. One or more, abuse only 1
- c. One or two for neglect 2
- d. Three or more for neglect ..... 3 _____

N3. Household has Previously Received CPS (voluntary/court-order)
- a. No 0
- b. Yes ..... 1 _____

N4. Number of Children Involved in the CA/N Incident
- a. One, two, or three 0
- b. Four or more ..... 1 _____

N5. Age of Youngest Child in the Home
- a. Two or older 0
- b. Under two ..... 1 _____

N6. Primary Caretaker Provides Physical Care Inconsistent with Child Needs
- a. No 0
- b. Yes ..... 1 _____

N7. Primary Caretaker has a Past or Current Mental Health Problem
- a. No 0
- b. Yes ..... 1 _____

N8. Primary Caretaker has Historic or Current Alcohol or Drug Problem. (Check applicable items and add for score)
- a. Not applicable 0
- b. ____ Alcohol (current or historic) 1
- c. ____ Drug (current or historic) ..... 1 _____

N9. Characteristics of Children in Household (Check applicable items and add for score)
- a. Not applicable 0
- b. ____ Medically fragile/failure to thrive 1
- c. ____ Developmental or physical disability 1
- d. ____ Positive toxicology screen at birth ..... 1 _____

N10. Housing (check applicable items and add for score)
- a. Not applicable 0
- b. ____ Current housing is physically unsafe 1
- c. ____ Homeless at time of investigation ..... 2 _____

TOTAL NEGLECT RISK SCORE _____

ABUSE **Score**

A1. Current Complaint is for Abuse
- a. No 0
- b. Yes ..... 1 _____

A2. Number of Prior Abuse Investigations (number: _____)
- a. None 0
- b. One ..... 1 _____

A3. Household has Previously Received CPS (voluntary/court-ordered)
- a. No 0
- b. Yes ..... 1 _____

A4. Prior Injury to a Child Resulting from CA/N
- a. No 0
- b. Yes ..... 1 _____

A5. Primary Caretaker's Assessment of Incident (check applicable items and add for score)
- a. Not applicable 0
- b. _____ Blames child 1
- c. _____ Justifies maltreatment of a child ..... 2 _____

A6. Domestic Violence in the Household in the Past Year
- a. No 0
- b. Yes ..... 2 _____

A7. Primary Caretaker Characteristics (check applicable items and add for score)
- a. Not applicable 0
- b. ____ Provides insufficient emotional/psychological support 1
- c. ____ Employs excessive/inappropriate discipline 1
- d. ____ Domineering parent ..... 1 _____

A8. Primary Caretaker has a History of Abuse or Neglect as a Child
- a. No 0
- b. Yes ..... 1 _____

A9. Secondary Caretaker has Historic or Current Alcohol or Drug Problem
- a. No 0
- b. Yes, alcohol and/or drug (check all applicable) ..... 1 _____
  _____ Alcohol ____ Drug

A10. Characteristics of Children in Household (check appropriate items and add for score)
- a. Not applicable 0
- b. ____ Delinquency history 1
- c. ____ Developmental disability 1
- d. ____ Mental health/behavioral problem ..... 1 _____

TOTAL ABUSE RISK SCORE _____

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse instrument, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
0 – 1	0 – 1	Low
2 - 4	2 – 4	Moderate
5 - 8	5 – 7	High
9 +	8 +	Very High

POLICY OVERRIDES. Circle yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to very high.

Yes No 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.
Yes No 2. Non-accidental injury to a child under age two.
Yes No 3. Severe non-accidental injury.
Yes No 4. Parent/caretaker action or inaction resulted in death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made, circle yes, circle override risk level, and indicate reason. Risk level may be overridden one level higher.

Yes No 5. If yes, override risk level (circle one): Low Moderate High Very High

Discretionary override reason: _____

Supervisors Review/Approval of Discretionary Override: _____ Date: ____/____/____

FINAL RISK LEVEL (circle final level assigned): Low Moderate High Very High

CALIFORNIA
FAMILY RISK ASSESSMENT
DEFINITIONS

The risk assessment form is composed of two indices: the neglect assessment index and the abuse assessment index. Only one household can be assessed on a risk assessment form. If two households are involved in the alleged incident(s), separate risk assessment forms should be completed for each household.

The household includes all persons who have significant in-home contact with child(ren), including those who have a familial or intimate relationship with any person in the home.

The primary caretaker is the adult living in the household where the allegation occurs who assumes the most responsibility for child care. When two adult caretakers are present and the social worker is in doubt which one assumes the most child care responsibility, the adult with legal responsibility for the child(ren) involved in the incident should be selected as the primary caretaker. For example, when a mother and her boyfriend reside in the same household and appear to equally share caretaking responsibilities for the child, the mother is selected. If this does not resolve the question, the legally responsible adult who was a perpetrator or alleged perpetrator should be selected. For example, when a mother and a father reside in the same household and appear to equally share caretaking responsibilities for the child and the mother is the perpetrator (or the alleged perpetrator), the mother is selected. In circumstances where both parents are in the household, equally sharing caretaking responsibilities, and both have been identified as perpetrators or alleged perpetrator, the parent demonstrating the more severe behavior is selected. Only one primary caretaker can be identified.

The secondary caretaker is defined as an adult living in the household who has routine responsibility for child care, but less responsibility than the primary caretaker. A partner may be a secondary caretaker even though he/she has minimal responsibility for care of the child.

NEGLECT INDEX

N1. Current Complaint is for Neglect.
Score 1 if the current complaint is for any type of neglect. This includes:

- severe and general neglect;
- exploitation (excluding sexual exploitation); and
- caretaker absence/incapacity.

This includes referred allegations as well as allegations made during the course of the investigation.

N2. Prior Investigations.

a) Score 0 if there were no investigations (do not include referrals that were not assigned for investigation) prior to the current investigation.

b) Score 1 if there was one or more investigations (do not include referrals that were not assigned for investigation), substantiated or not, for any type of abuse prior to the current investigation. Abuse includes physical, emotional, or sexual abuse/sexual exploitation.

c) Score 2 if there was one or two investigations (do not include referrals that were not assigned for investigation), substantiated or not, for any type of neglect prior to the current investigation, with or without abuse investigations.

d) Score 3 if there were three or more investigations (do not include referrals that were not assigned for investigation), substantiated or not, for any type of neglect prior to the current investigation, with or without abuse investigations.

Neglect includes:

- severe and general neglect;
- exploitation (excluding sexual exploitation); and
- caretaker absent/incapacitated.

Where possible, history from other county or state jurisdictions should be checked. Exclude investigations of out-of-home perpetrators (e.g., day care) unless one or more caretakers failed to protect.

N3. Household has Previously Received CPS (voluntary/court-ordered).
Score 1 if household has previously received child protective services or is currently receiving services as a result of a prior investigation. Service history includes voluntary or court-ordered family services or Family Preservation Services, but does not include delinquency services.

N4. Number of Children Involved in the CA/N Incident.
Score the appropriate amount given the number of children under 18 years of age for whom abuse or neglect was alleged or substantiated in the current investigation.

N5. Age of Youngest Child in Household
Score the appropriate amount given the current age of the youngest child presently in the household where the maltreatment incident reportedly occurred. If a child is removed as a result of the current investigation, count the child as residing in the home.

N6. Primary Caretaker Provides Physical Care Inconsistent with Child Needs
Score 1 if physical care of child(ren) (age-appropriate feeding, clothing, shelter, hygiene, and medical care of child[ren]) threatens the child(ren)'s well-being or results in harm to child(ren). Examples include:

- repeated failure to obtain standard immunizations;
- failure to obtain medical care for severe or chronic illness;
- repeated failure to provide child(ren) with clothing appropriate to the weather;
- persistent rat or roach infestations;
- inadequate or inoperative plumbing or heating;
- poisonous substance or dangerous objects lying within reach of small child(ren);
- child(ren) is wearing filthy clothes for extended periods of time; or
- child(ren) is not being bathed on a regular basis resulting in dirt caked on skin and hair and a strong odor.

N7. Primary Caretaker has a Past or Current Mental Health Problem.
Score 1 if credible and/or verifiable statements by the primary caretaker or others indicate that the primary caretaker:

- has been diagnosed with a Diagnostic and Statistical Manual (DSM) condition by a mental health clinician;
- had repeated referrals for mental health/psychological evaluations; or
- was recommended for treatment/hospitalization or treated/hospitalized for emotional problems at any time.

N8. Primary Caretaker has Historic or Current Alcohol or Drug Problem.
The primary caretaker has a past or current alcohol/drug abuse problem that interferes with his/her or the family's functioning. Such interference is evidenced by:

- substance use that affects or affected:
  - employment,
  - criminal involvement,
  - marital or family relationships, or
  - ability to provide protection, supervision, and care for the child(ren);
- an arrest in the past two years for driving under the influence or refusing breathalyzer testing;

- self report of a problem;
- treatment received currently or in the past;
- multiple positive urine samples;
- health/medical problems resulting from substance use;
- child(ren) was diagnosed with Fetal Alcohol Syndrome or Exposure (FAS or FAE) or child had a positive toxicology screen at birth and primary caretaker was birthing parent.

Score the following characteristics and record the sum as the item score.

a) Score 0 if no past or current substance abuse problems.
b) Score 1 if past or current alcohol abuse.
c) Score 1 if past or current drug abuse.

Legal, non-abusive prescription drug use should not be scored.

N9. Characteristics of Children in the Household.

Score the appropriate amount for each characteristic present and record the sum as the item score:

a) Score 0 if no child in the household exhibits characteristics listed below.
b) Score 1 if any child in the household is medically fragile, defined as having a long-term (six months or more) physical condition requiring medical intervention or diagnosed as failure to thrive.
c) Score 1 if any child is developmentally or physically disabled, including any of the following: mental retardation, learning disability, other developmental problem or significant physical handicap.
d) Score 1 if any child had a positive toxicology report for alcohol or another drug at birth.

N10. Housing.

Score the appropriate amount for each characteristic present and record the sum as the item score:

a) Score 0 if the family has housing that is physically safe.
b) Score 1 if the family has housing but the current housing situation is physically unsafe such that it does not meet the health or safety needs of the child(ren) (for example: exposed wiring, inoperable heat or plumbing, roach/rat infestations, human/animal waste on floors, rotting food).
c) Score 2 if the family is homeless or about to be evicted at the time the investigation began.

ABUSE INDEX

A1. Current Complaint is for Abuse.

Score 1 if the current complaint is for any type of abuse. This includes:

- physical abuse;
- emotional abuse; or
- sexual abuse/sexual exploitation.

This includes referred allegations as well as allegations made during the course of the investigation.

A2. Number of Prior Abuse Investigations.

Score the appropriate amount given the count of all investigations, substantiated or not, which were assigned for CPS investigation for any type of abuse (physical, emotional, or sexual abuse/sexual exploitation) prior to the complaint resulting in the current investigation. Where possible, abuse history from other county or state jurisdictions should be checked. Exclude investigations of out-of-home perpetrators (e.g., day care) unless one or more caretakers failed to protect.

A3. Household has Previously Received CPS (voluntary/court-ordered).

Score 1 if household has previously received child protective services or is currently receiving services as a result of a prior investigation. Service history includes voluntary or court-ordered family services or Family Preservation Services, but does not include delinquency services.

A4. Prior Injury to a Child Resulting from CA/N.

Score 1 if a child(ren) sustained an injury resulting from abuse and/or neglect prior to the complaint which resulted in the current investigation. Injury sustained as a result of abuse or neglect may range from bruises, cuts and welts to an injury which requires medical treatment or hospitalization such as a bone fracture or burn.

A5. Primary Caretaker's Assessment of Incident.

Score the appropriate amount for each characteristic and record the sum as the item score:

a) Score 0 if none of the characteristics below is applicable.

b) Score 1 if the primary caretaker blames child(ren) for incident. Blaming refers to caretaker's statement that maltreatment incident occurred because of child(ren)'s action or inaction (for example, claiming that child seduced him/her, or child deserved beating because he/she misbehaved).

c) Score 2 if the primary caretaker justifies maltreatment of child(ren). Justifying refers to caretaker's statement that their action or inaction, which resulted in harm to the child, was appropriate (for example, claiming that this form of discipline was how they were raised, so it is alright).

A6. Domestic Violence in the Household in the Past Year.
Score 2 if in the previous year, there have been two or more physical assaults or multiple periods of intimidation/threats/harassment between caretakers or between a caretaker and another adult.

A7. Primary Caretaker Characteristics.
Score the appropriate amount for each characteristic present and record the sum as the item score:

a) Score 0 if the primary caretaker does not exhibit characteristics listed below.
b) Score 1 if the primary caretaker provides insufficient emotional/psychological support to the child(ren), such as persistently berating/belittling/demeaning child(ren) or depriving child(ren) of affection or emotional support.
c) Score 1 if the caretaker's disciplinary practices caused or threatened harm to child(ren) because they were excessively harsh physically or emotionally and/or inappropriate to the child(ren)'s age or development. Examples include:

- locking child(ren) in closet or basement;
- holding child(ren)'s hand over fire;
- hitting child(ren) with dangerous instruments; or
- depriving young child(ren) of physical and/or social activity for extended periods).

d) Score 1 if the primary caretaker is domineering, indicated by controlling, abusive, overly-restrictive, or unfair behavior, or over reactive rules.

A8. Primary Caretaker has a History of Abuse or Neglect as a Child.
Score 1 if credible statements by the primary caretaker or others indicate that the primary caretaker was maltreated as a child (maltreatment includes neglect or physical, sexual or other abuse).

A9. Secondary Caretaker has Historic or Current Alcohol or Drug Problem.
The secondary caretaker has a past or current alcohol/drug abuse problem that interferes with the his/her or the family's functioning. Such interference is evidenced by:

- substance use that affects or affected:
  - employment,
  - criminal involvement,
  - marital or family relationships,
  - ability to provide protection, supervision, and care for the child(ren), or
- an arrest in the past two years for driving under the influence or refusing breathalyzer testing;
- self report of a problem;
- received or is receiving treatment;
- multiple positive urine samples;
- health/medical problems resulting from substance use;

- child(ren) was diagnosed with Fetal Alcohol Syndrome (FAS or FAE) or child had a positive toxicology screen at birth and secondary caretaker was birthing parent.

Score the following:

a) Score 0 if no past or current substance abuse problems.
b) Score 1 if past or current substance abuse.

Legal, non-abusive prescription drug use should not be scored.

A10. Characteristics of Children in Household.

Score the appropriate amount for each characteristic present and record the sum as the item score:

a) Score 0 if no child in the household exhibits characteristics listed below.
b) Score 1 if any child in the household has been referred to juvenile court for delinquent or status offense behavior. Status offenses not brought to court attention but which create stress within the household should also be scored, such as children who run away or are habitually truant.
c) Score 1 if any child is developmentally disabled, including any of the following: mental retardation, learning disability, or other developmental problem.
d) Score 1 if any child in the household has mental health or behavioral problems not related to a physical or developmental disability (includes ADHD/ADDD). This could be indicated by:

- a DSM diagnosis;
- receiving mental health treatment;
- attendance in a special classroom because of behavioral problems; or
- currently taking psychoactive medication.

CALIFORNIA
RISK ASSESSMENT
POLICY AND PROCEDURES

Risk assessment identifies families, which have low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 18 to 24 months. The difference between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families and are more often involved in serious abuse or neglect incidents.

When risk is clearly defined and objectively quantified the choice between serving one family or another is simplified: agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The tool does not predict recurrence, but simply assess whether a family is more or less likely to have another incident without intervention by the agency.

Which Cases: All referrals that are substantiated or inconclusive/unsubstantiated.

When: After the safety assessment has been completed and the worker has reached a conclusion regarding the allegation AND prior to the referral being closed or promoted to a case. This is no later than 30 days of the first face-to-face contact.

Who: Social worker who is responding to referral.

Decisions: The risk assessment identifies the level of risk of future maltreatment.

The risk level guides the decision to close a referral or promote a referral to a case.

Risk-Based Case Open/Close Guide		
Risk Level	**Substantiated**	**Inconclusive/ Unsubstantiated**
Low	Open or Close	Close
Moderate	Open	Open or Close
High	Open	Open
Very High	Open	Open

For open cases, the risk level guides the minimum contact standards (see Section V).

Appropriate Completion:

The risk assessment is completed based on conditions that exist at the time the incident is reported and investigated as well as the prior history of the family. Only one household can be assessed on the risk assessment form. Choose the household in which the child abuse/neglect incident is alleged.

Scoring Individual Items

A score for each assessment item is derived from the worker's observation of the characteristics it describes. Some characteristics are very objective (such as prior CA/N history or the age of the child). Others require the worker to use discretionary judgement based on his or her assessment of the family. Sources of information used to determine the worker's endorsement of an item may include statements by the child, caretaker, or collateral persons; worker observations; reports; or other reliable sources.

The worker should refer to definitions to determine their selection for each item.

After all index items are scored, the social worker totals the score and indicates the corresponding risk level for each index. Next, the scored risk level (which is the higher of the abuse or neglect index) is entered.

Policy Overrides: After completing the risk assessment, the social worker determines whether any of the policy override reasons exist. Policy overrides reflect incident seriousness and/or child vulnerability concerns, and have been determined by the agency to warrant a risk level designation of very high regardless of the risk level indicated by the assessment tool. Policy overrides require supervisor approval.

Note: Circle (Y) Yes or (N) No as appropriate for each policy override.

1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.
2. Non-accidental injury to a child under age two.
3. Severe non-accidental injury, e.g., brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the child(ren) which requires medical treatment.
4. Parent/caretaker action or inaction resulted in death of a child due to abuse or neglect (previous or current).

Discretionary Overrides:

A discretionary override is applied by the social worker to increase the risk level in any case in which the social worker believes that the risk level set by the assessment tool is too low. This may occur when the social worker is aware of conditions affecting risk that are not captured within the items on the risk assessment. Discretionary overrides may increase the risk level by one unit (for example, from low to medium, OR medium to high, but NOT from low to high).[1] Discretionary overrides require supervisor approval.

After completing the override section, indicate the final risk level which is the highest of the scored risk level, policy override risk level (which is always very high), or discretionary risk level.

Related Policy:

[1] At the time of risk reassessments, discretionary overrides may increase *or decrease* risk by one level. However, at the time of initial assessment, risk level may only be increased.

CALIFORNIA c: 06/02
FAMILY STRENGTHS AND NEEDS ASSESSMENT
(For Caretakers and Children)

Case Name: _____ **Case Number:** _____

1 2 3 4 5

Date of Referral: _____ **Date of Assessment:** _____ **Initial** or **Reassess #:** _____

County: _____ **Worker:** _____

1. **Child Name:** _____ **Case #:** _____
2. **Child Name:** _____ **Case #:** _____
3. **Child Name:** _____ **Case #:** _____
4. **Child Name:** _____ **Case #:** _____
5. **Child Name:** _____ **Case #:** _____
6. **Child Name:** _____ **Case #:** _____

The following items should be considered for each family/household member. Worker should base score on their assessment for each item, taking into account family's perspective, child's perspective where appropriate, worker observations, collateral contacts, and available records. Refer to accompanying definitions to determine the most appropriate response. Enter the score for each item.

A. CARETAKER - Rate each caretaker and enter lowest score.

SN1. Substance Abuse/Use **Score**

(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter drugs.)

a. Teaches and demonstrates healthy understanding of alcohol and drugs ..... +3
b. Alcohol or prescribed drug use 0
c. Alcohol or drug abuse ..... -3
d. Chronic alcohol/drug abuse ..... -5 _____

If C or D, check all that apply:

_____ Heroin	_____ Other Stimulants	_____ Other Tranquilizers
_____ Alcohol	_____ Cocaine/Crack	_____ Non-Prescription Methadone
_____ Barbiturates	_____ Marijuana/Hash	_____ Other Opiates and Synthetics
_____ Other sedatives or hypnotics	_____ PCP	_____ Inhalants
_____ Methamphetamine	_____ Tranquilizers	_____ Over-the-Counter
_____ Other Amphetamines	(Benzodiazepine)	_____ Other (specify): _____

SN2. Household Relationships

a. Supportive ..... +3
b. Minor/occasional discord 0
c. Frequent discord ..... -3
d. Chronic discord ..... -5 _____

SN3. Domestic Violence

a. Individuals promote non-violence in the home ..... +3
b. No threatening or assaultive behaviors among household members 0
c. Physical violence/controlling behavior ..... -3
d. Repeated and/or severe physical violence ..... -5 _____

SN4. Social Support System

a. Strong support system ..... +2
b. Adequate support system 0
c. Limited support system ..... -2
d. No support system ..... -4 _____

SN5. Parenting Skills **Score**

a. Strong skills ..... +2
b. Adequately parents and protects child(ren) 0
c. Inadequately parents and protects child(ren) ..... -2
d. Destructive/abusive parenting ..... -4 _____

SN6. Mental Health/Coping Skills

a. Strong coping skills ..... +2
b. Adequate coping skills 0
c. Mild to moderate symptoms ..... -2
d. Chronic/severe symptoms ..... -4 _____

SN7. Household History of Criminal Behavior or Child Abuse and Neglect (CA/N)

a. Promotes positive values ..... +1
b. No criminal behavior or child maltreatment history, or successful problem resolution 0
c. Active involvement ..... -1
d. Chronic/severe involvement ..... -3 _____

If response is B, C, or D, identify household member involved and type of history (check all that apply):
(If criminal history is not available, write AN/A@ in the space provided.)

Criminal	CA/N	
_____	_____	Primary Caretaker
_____	_____	Secondary Caretaker
_____	_____	Other Adult
_____	_____	Juvenile

SN8. Resource Management/Basic Needs

a. Resources sufficient to meet basic needs and are adequately managed ..... +1
b. Resources are limited but are adequately managed 0
c. Resources are insufficient or not well-managed ..... -1
d. No resources or resources severely limited and/or mismanaged ..... -3 _____

SN9. Cultural/Community

a. Strong cultural/community resources ..... +1
b. Some cultural/community resources 0
c. Limited cultural/community resources ..... -1
d. Disconnected from cultural/community resources ..... -3 _____

SN10. Physical Health

a. Preventive health care is practiced ..... +1
b. Health issues do not affect family functioning 0
c. Health concerns/handicaps affect family functioning ..... -1
d. Serious health concerns/handicaps result in inability to care for child(ren) ..... -2 _____

SN11. Communication Skills

a. Strong skills ..... +1
b. Functional skills 0
c. Limited skills ..... -1
d. Severely limited skills ..... -2 _____

B. CHILD - Rate each child according to the current level of functioning.

		Child 1 Score	Child 2 Score	Child 3 Score	Child 4 Score	Child 5 Score	Child 6 Score
CSN1.	**Emotional/Behavioral**						
	a. Strong emotional adjustment ..... +3						
	b. Adequate emotional adjustment..... 0						
	c. Limited emotional adjustment ..... -3						
	d. Severely limited emotional adjustment..... -5	____	____	____	____	____	____
CSN2.	**Family Relationships**						
	a. Nurturing/supportive relationships ..... +3						
	b. Adequate relationships..... 0						
	c. Strained relationships..... -3						
	d. Harmful relationships ..... -5	____	____	____	____	____	____
CSN3.	**Medical/Physical**						
	a. Preventive health care is practiced..... +2						
	b. Medical needs met 0						
	c. Medical needs impair functioning ..... -2						
	d. Medical needs severely impair functioning ..... -4	____	____	____	____	____	____
CSN4.	**Child Development**						
	a. Advanced development..... +2						
	b. Age-appropriate development..... 0						
	c. Limited development ..... -2						
	d. Severely limited development..... -4	____	____	____	____	____	____
CSN5.	**Cultural/Community Identity**						
	a. Strong cultural/community identity ..... +1						
	b. Adequate cultural/community identity..... 0						
	c. Limited cultural/community identity ..... -1						
	d. Disconnected from cultural/community identity..... -3	____	____	____	____	____	____
CSN6.	**Substance Abuse**						
	a. No substance use ..... +1						
	b. Experimentation/use 0						
	c. Alcohol or other drug use ..... -1						
	d. Chronic alcohol or other drug use..... -3	____	____	____	____	____	____
CSN7.	**Education**						
	Does child have a specialized educational plan? ____ No ____ Yes, describe: _____						
	a. Outstanding academic achievement..... +1						
	b. Satisfactory academic achievement 0						
	c. Academic difficulty ..... -1						
	d. Severe academic difficulty..... -3	____	____	____	____	____	____

	Child 1 Score	Child 2 Score	Child 3 Score	Child 4 Score	Child 5 Score	Child 6 Score

CSN8. Peer/Adult Social Relationships

a. Strong social relationships ..... +1
b. Adequate social relationships 0
c. Limited social relationships ..... -1
d. Poor social relationships ..... -2 ____ ____ ____ ____ ____ ____

CSN9. Delinquent Behavior

(Delinquent behavior includes any action which, if committed by an adult, would constitute a crime.)

a. Preventive activities ..... +1
b. No delinquent behavior 0
c Occasional delinquent behavior ..... -1
d. Significant delinquent behavior ..... -2 ____ ____ ____ ____ ____ ____

C. PRIORITY NEEDS AND STRENGTHS

Enter item number and description of up to three most serious needs (lowest scores) and greatest strengths (highest scores) from Section A (items SN1-SN11).

Priority Areas of Need

1. _____ _____
2. _____ _____
3. _____ _____

Priority Areas of Strength

1. _____ _____
2. _____ _____
3. _____ _____

Does family identify areas of needs or strengths that are not included in the categories assessed by this tool?

1. _____ No
2. _____ Yes, describe: _____

CALIFORNIA
FAMILY STRENGTHS AND NEEDS ASSESSMENT
CARETAKER DEFINITIONS

SN1. Substance Abuse/Use

(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter drugs)

a. Teaches and demonstrates healthy understanding of alcohol and drugs. Caretaker(s) may use alcohol or prescribed drugs, however, use does not negatively affect parenting skills and functioning, and caretaker(s) teaches and demonstrates an understanding of the choices made about use or abstinence and the effects of alcohol and drugs on behavior and society.

b. Alcohol or prescribed drug use. Caretaker(s) may have a history of substance abuse or may currently use alcohol or prescribed drugs, however, it does not negatively affect parenting skills and functioning.

c. Alcohol or drug abuse. Caretaker(s) continues to use despite negative consequences in some areas such as family, social, health, legal, or financial. Needs help to achieve and/or maintain abstinence from alcohol or drugs.

d. Chronic alcohol/drug abuse. Caretaker(s)' use of alcohol or drugs results in behaviors which impede ability to meet their own and/or their child(ren)'s basic needs. Experiences some degree of impairment in most areas including family, social, health, legal, and financial. Needs intensive structure and support to achieve abstinence from alcohol or drugs.

SN2. Household Relationships

a. Supportive. Internal/external stressors (e.g., illness, financial problems, divorce, special needs) may be present but household maintains positive interactions (e.g., mutual affection, respect, open communication, empathy), and shares responsibilities that are mutually agreed upon by household members.

b. Minor/occasional discord. Internal/external stressors are present but household is coping despite some disruption of positive interactions.

c. Frequent discord. Internal/external stressors are present and household is consistently experiencing increased disruption of positive interactions coupled with lack of cooperation and/or emotional/verbal abuse. Custody and visitation issues are characterized by frequent conflicts. Caretaker(s)' pattern of adult relationships creates significant stress for child(ren).

d. Chronic discord. Internal/external stressors are present and household experiences minimal, or no positive interactions. Custody and visitation issues are characterized by severe conflict, such as multiple instances of malicious reports to law enforcement and/or child protective service. Caretaker(s)' pattern of adult relationships place child at risk for maltreatment and/or contribute to severe emotional distress.

SN3. Domestic Violence

a. Individuals promote non-violence in the home. Household members mediate disputes and promote non-violence in the home. Individuals are safe from threats, intimidation, or assaults by household members.

b. No threatening or assaultive behaviors among household members. Conflicts may be resolved through less adaptive strategies such as avoidance, however, household

members do not control each other or threaten physical or sexual assault within the household.

c. Physical violence/controlling behavior. Adult relationships are characterized by occasional physical outbursts which do not result in injuries; and/or controlling behavior which results in isolation or restriction of activities. Both perpetrator and victim seek help in reducing threats of violence. If only one party agrees to seek help, score "D" even though the violence did not result in injury.

d. Repeated and/or severe physical violence. One or more household members use regular and/or severe physical violence. Individuals engage in physically assaultive behaviors toward household members. Violent or controlling behavior has resulted in injury (bruises, cuts, burns, welts, broken bones, etc.), extreme isolation, humiliation, or restriction of activities.

SN4. Social Support System

a. Strong support system. Family regularly engages with a strong, constructive, mutual-support system. Interacts with extended family, friends, cultural, religious, and/or community support or services that provide a wide range of resources.

b. Adequate support system. As needs arise, family uses extended family, friends, cultural, religious, and community resources to provide support and/or services such as child care, transportation, supervision, role-modeling for parent(s) and child(ren), parenting and emotional support, guidance, etc.

c. Limited support system. Family has limited support system, is isolated, or reluctant to use available support.

d. No support system. Family has no support system and does not utilize extended family and community resources.

SN5. Parenting Skills

a. Strong skills. Caretaker(s) displays good knowledge and understanding of age-appropriate parenting skills and integrates use on a daily basis. Caretaker(s) expresses hope for and recognizes child(ren)'s abilities and strengths and encourages participation in family and community. Caretaker(s) advocates for family and responds to changing needs.

b. Adequately parents and protects child(ren). Caretaker(s) displays adequate parenting patterns that are age-appropriate for child(ren) in areas of expectations, discipline, communication, protection, and nurturing. Caretaker(s) has basic knowledge and skills to parent.

c. Inadequately parents and protects child(ren). Improvement of basic parenting skills needed by caretaker(s). Caretaker(s) has some unrealistic expectations and gaps in parenting skills, demonstrates poor knowledge of age-appropriate disciplinary methods, and/or lacks knowledge of child development that interferes with effective parenting.

d. Destructive/abusive parenting. Caretaker(s) displays destructive/abusive parenting patterns that result in significant harm to the child(ren).

SN6. Mental Health/Coping Skills

a. Strong coping skills. Caretaker(s) demonstrates the ability to deal with adversity, crises, and long-term problems in a constructive, manner. Demonstrates realistic, logical thinking and judgement. Displays resiliency; has a positive, hopeful attitude.

b. Adequate coping skills. Caretaker(s) demonstrates emotional responses that are consistent with circumstances; displays no apparent inability to cope with adversity, crises, or long-term problems.

c. Mild to moderate symptoms. Caretaker(s) displays periodic mental health symptoms including, but not limited to, depression, low self-esteem, or apathy. Caretaker(s) has occasional difficulty dealing with situational stress, crises, or problems.

d. Chronic/severe symptoms. Caretaker(s) displays chronic, severe mental health symptoms, including but not limited to, depression, apathy, or severe low self-esteem. These symptoms impair the caretaker(s)'s ability to perform in one or more areas of parental functioning, employment, education, or provision of food and shelter.

SN7. Household History of Criminal Behavior or Child Abuse and Neglect

a. Promotes positive values. No criminal behavior or child abuse and neglect history and household members teach and demonstrate values that promote respect for self and others.

b. No criminal or child maltreatment history, or successful problem resolution. No history of prior criminal behavior or child maltreatment; OR if there has been prior criminal behavior or child maltreatment history, but household members have demonstrated ability to resolve crises appropriately through the use of community resources.

c. Active involvement. Household member's caretaking role is negatively affected by criminal behavior or child maltreatment such as outstanding warrants, arrests, and/or history with CPS which have not been successfully resolved.

d. Chronic/severe involvement. No household member is able/available to safely assume caretaker role due to chronic criminal behavior/CPS involvement with failed service plans.

SN8. Resource Management/Basic Needs

a. Resources sufficient to meet basic needs and are adequately managed. Caretaker(s) has a history of consistently providing safe, healthy, and stable housing; nutritional food; and clothing.

b. Resources are limited but are adequately managed. Caretaker(s) provides adequate housing, food, and clothing to meet basic needs.

c. Resources are insufficient or not well-managed. Caretaker(s) provides housing but it does not meet the basic needs of the child(ren) due to such things as inadequate plumbing, heating, wiring, or housekeeping. Food and/or clothing do not meet basic needs of the child(ren). Family may be homeless, however there is no evidence of harm or threat of harm to child(ren).

d. No resources or resources severely limited and/or mismanaged. Conditions exist in the household that have caused illness or injury to family members such as inadequate plumbing, heating, wiring, housekeeping; there is no food, food is spoiled, or family members are malnourished. Child(ren) chronically presents with

clothing that is unclean, not appropriate for weather conditions, or in poor repair. Family is homeless, which results in harm or threat of harm to child(ren).

SN9. Cultural/Community

a. Strong cultural/community resources. Family identifies with culture, community, heritage, and beliefs and is connected with people who share similar belief systems. Caretaker(s) knows cultural/community resources, both formal and informal, and accesses them as needed.

b. Some cultural/community resources. Family identifies with culture, community, heritage, beliefs, practices, and traditions within the family. Family recognizes how they can access resources in the greater community. Individuals may experience some conflict and may struggle with cultural/community identity, yet are able to cope.

c. Limited cultural/community resources. Family experiences inter-generational and/or societal conflict surrounding values and norms related to cultural/community differences. Caretaker(s) perceives services and supports as unavailable or access as limited. Individuals may experience conflict with cultural/community identity that creates difficulties that cause internal conflict.

d. Disconnected from cultural/community resources. Family is disconnected from cultural/community heritage and beliefs resulting in isolation, lack of support, and access to resources. Connections with potential support networks are unavailable or perceived as unavailable due to lack of understanding of cultural/community and/or language differences. Household members experience conflict with cultural/community identity that is reflected in behavior.

SN10. Physical Health

a. Preventive health care is practiced. Caretaker(s) teaches and promotes good health.

b. Health issues do not affect family functioning. Caretaker(s) has no current health concerns that affect family functioning. Caretaker(s) accesses regular health resources for him/herself (e.g., medical/dental).

c. Health concerns/handicaps affect family functioning. Caretaker(s) has health concerns or conditions that affect family functioning and/or family resources.

d. Serious health concerns/handicaps result in inability to provide care. Caretaker(s) has serious/chronic health problem(s) or condition(s) that affects his/her ability to care for and/or protect the child.

SN11. Communication Skills

a. Strong skills. Caretaker(s)' communication skills facilitate successful accessing of services and resources to promote family functioning. If caretaker(s) requires translation services, he/she obtains such services whenever needed.

b. Functional skills. Caretaker(s)' communication skills are no barrier to effective family functioning, accessing resources, or assisting children in community or school. If caretaker(s) requires translation services, he/she uses such services when provided.

c. Limited skills. Caretaker(s) has limited communication skills resulting in difficulty accessing resources which interferes with family functioning. If caretaker(s) requires translation services, he/she experiences difficulty accessing such services.

d. Severely limited skills. Caretaker(s) has severely limited communication skills resulting in an inability to access resources which severely affects family functioning. If caretaker(s) requires translation services, he/she is unwilling/unable to communicate even when provided with such services.

CALIFORNIA
FAMILY STRENGTHS AND NEEDS ASSESSMENT
CHILD DEFINITIONS

For each item, if not applicable due to child's age, score as "0."

CSN1. Emotional/Behavioral

a. Strong emotional adjustment. Child displays strong coping skills in dealing with crises and trauma, disappointment, and daily challenges. Child is able to develop and maintain trusting relationships. Child is also able to identify the need for, seeks, and accepts guidance.
b. Adequate emotional adjustment. Child displays developmentally appropriate emotional/coping responses that do not interfere with school, family, or community functioning. May demonstrate some depression, anxiety, or withdrawal symptoms that are situationally related. Maintains situationally appropriate emotional control.
c. Limited emotional adjustment. Child has occasional difficulty dealing with situational stress, crises, or problems, which impairs functioning. Child displays periodic mental health symptoms including, but not limited to: depression, running away, somatic complaints, hostile behavior, or apathy.
d. Severely limited emotional adjustment. Child's ability to perform in one or more areas of functioning is severely impaired due to chronic/severe mental health symptoms such as fire-setting, suicidal behavior, or violent behavior toward people and/or animals.

CSN2. Family Relationships

For children in voluntary or court-ordered placement, score child's family, not placement family. For children in permanent placements, continue to score child's family, basing assessment on visits and other contact such as telephone contact or letters. If child has no contact with his/her family, score "0."

a. Nurturing/supportive relationships. Child experiences positive interactions with family members. Child has sense of belonging within the family. Family defines roles, has clear boundaries, and supports child's growth and development.
b. Adequate relationships. Child experiences positive interactions with family members and feels safe and secure in family, despite some unresolved family conflicts.
c. Strained relationships. Stress/discord within the family interferes with child's sense of safety and security. Family has difficulty identifying and resolving conflict and/or obtaining support and assistance on their own.
d. Harmful relationships. Chronic family stress, conflict, or violence severely impedes child's sense of safety and security. Family is unable to resolve stress, conflict, or violence on their own and are not able or willing to obtain outside assistance.

CSN3. Medical/Physical

a. Preventive health care is practiced. Child has no known health care needs. Child receives routine preventive and medical/dental/vision care and immunizations.

b. Medical needs met. Child has no unmet health care needs. Special conditions may exist but are adequately addressed.
c. Medical needs impair functioning. Child has medical condition(s) that may impair daily functioning. Special conditions exist that are not adequately addressed and/or routine medical/dental/vision care is needed.
d. Medical needs severely impair functioning. Child has serious, chronic, or acute medical condition(s) that severely impairs functioning, and needs are unmet.

CSN4. Child Development

For this item, base assessment on developmental milestones as described in page 57.

a. Advanced development. Child's physical and cognitive skills are above chronological age level.
b. Age-appropriate development. Child's physical and cognitive skills are consistent with chronological age level.
c. Limited development. Child does not exhibit most physical and cognitive skills expected for chronological age level.
d. Severely limited development. Most physical and cognitive skills are two or more age levels behind chronological age expectations.

CSN5. Cultural/Community Identity

a. Strong cultural/community identity. Child identifies with cultural and community heritage and beliefs and is connected with people who share similar belief systems. Child knows cultural/community resources, both formal and informal, and accesses them as needed.
b. Adequate cultural/community identity. Child identifies with cultural/community heritage and beliefs, practices, and traditions within the family. Child recognizes how to access resources in the greater community. Child may experience some conflict and may struggle with cultural/community identity, yet is able to cope.
c. Limited cultural/community identity. Child experiences inter-generational and/or societal conflict surrounding values and norms related to cultural/community differences. Child perceives services and supports as unavailable or access as limited. Conflicts with cultural/community identity create difficulties for child.
d. Disconnected from cultural/community identity. Child is disconnected from cultural/community heritage and beliefs resulting in isolation, lack of support, and lack of access to resources. Connections are unavailable, or perceived as unavailable, due to lack of understanding of cultural and language differences of support networks. Conflicts with cultural/community identity result in problematic behavior.

CSN6. Substance Abuse

a. No substance use. Child does not use alcohol or other drugs and is aware of consequences of use. Child avoids peer relations/social activities involving alcohol and other drugs, and/or chooses not to use despite peer pressure/opportunities to use.
b. Experimentation/use. Child does not use alcohol or other drugs. Child may have experimented with alcohol or other drugs, but there is no indication of sustained use. No demonstrated history or current problems related to substance use.
c. Alcohol or other drug use. Child's alcohol or other drug use results in disruptive behavior and discord in relationships in school/community/family/work. Use may have broadened to include multiple drugs.
d. Chronic alcohol or other drug use. Child's chronic alcohol or other drug use results in severe disruption of functioning, such as loss of relationships, job, school suspension/expulsion/drop-out, problems with the law, and/or physical harm to self or others. Child may require medical intervention to detoxify.

CSN7. Education

Does child have a specialized educational plan? ___ No ___ Yes, describe: _____
(Specialized educational plan includes IEP, study team, etc.)

a. Outstanding academic achievement. Child is working above grade level and/or is exceeding the expectations of the child's specific educational plan.
b. Satisfactory academic achievement. Child is working at grade level and/or is meeting the expectations of the child's specific educational plan.
c. Academic difficulty. Child is working below grade level in at least one, but not more than half, of academic subject areas and/or child is struggling to meet the goals of the existing educational plan. Existing educational plan may need modification.
d. Severe academic difficulty. Child is working below grade level in more than half of academic subject areas and/or child is not meeting the goals of the existing educational plan. Existing educational plan needs modification. Also score "D" for a child who is required by law to attend school and is not attending.

CSN8. Peer/Adult Social Relationships

a. Strong social relationships. Child enjoys and participates in a variety of constructive, age-appropriate social activities. Child enjoys reciprocal, positive relationships with others.
b. Adequate social relationships. Child demonstrates adequate social skills. Child maintains stable relationships with others; occasional conflicts are minor and easily resolved.
c. Limited social relationships. Child demonstrates inconsistent social skills; child has limited positive interactions with others. Conflicts are more frequent and serious and child may be unable to resolve them.
d. Poor social relationships. Child has poor social skills as demonstrated by frequent conflictual relationships or exclusive interactions with negative or exploitive peers, or child is isolated and lacks a support system.

CSN9. Delinquent Behavior

(Delinquent behavior includes any action which, if committed by an adult, would constitute a crime.)

a. Preventive activities. Child is involved in community service and/or crime prevention programs and takes a stance against crime. Child has no arrest history and there is no other indication of criminal behavior.

b. No delinquent behavior. Child has no arrest history and there is no other indication of criminal behavior, or child has successfully completed probation and there has been no criminal behavior in the past two years.

c. Occasional delinquent behavior. Child is or has engaged in occasional, non-violent delinquent behavior and may have been arrested or placed on probation within the past two years.

d. Significant delinquent behavior. Child is or has been involved in any violent or repeated non-violent delinquent behavior which has or may have resulted in consequences such as arrests, incarcerations, or probation.

CALIFORNIA
FAMILY STRENGTHS AND NEEDS ASSESSMENT
(For Caretakers and Children)
POLICY AND PROCEDURES

The family strength and needs assessment instrument is used to evaluate the presenting strengths and needs of each family. This assessment tool is used to systematically identify critical family needs and help plan effective service interventions. The strength and needs assessment serves several purposes:

- It ensures that all social workers consistently consider each family's strengths and needs in an objective format when assessing need for services;
- It provides an important case planning reference for workers and supervisors.
- The initial strength and needs assessment, when followed by periodic reassessments, permits social workers and their supervisors to easily assess changes in family functioning and thus, assess the impact of services on the case; and
- In the aggregate, needs assessment data provides management information on the problems families face. These profiles can then be used to develop resources to meet client needs.

Which Cases: Every referral that is promoted to a case.

May be used when a referral will be closed and a detailed service referral will be made which may benefit from completion of a family strength and needs assessment.

The child assessment portion is completed for each child who will be included in the case plan and for whom a case is established in the Child Welfare Services Case Management System (CMS).

Who: The social worker responsible to develop the initial case plan in conjunction with the family.

When: Prior to developing the case plan, which will be within 30 days of the first face-to-face contact.

Decisions: The strength and needs assessment identifies the three highest priority needs of caretakers and of children that must be addressed in the case plan. Goals, objectives, and interventions in a case plan should relate to one or more of the three priority needs.

The family strength and needs assessment also identifies a family's priority areas of strengths that should be incorporated into the case plan to the greatest extent possible, as means to address identified needs.

Appropriate Completion:

Workers should familiarize themselves with the 11 categories that are included in the caretaker section and the 9 items in the child section of the family strengths and needs assessment tool and accompanying definitions. Workers will notice that the items on the tool are items they are probably already assessing. What distinguishes SDM is that it assures that every worker assesses the same categories in each case, and that the responses to these items lead to specific case planning. Once a worker is familiar with the items that must be assessed to complete the family strengths and needs tool, the worker should conduct their family assessment as they normally would -- using good social work practice to collect information from the child(ren), caretaker(s), and/or collateral sources. SDM assures that the specific set of categories that the workgroup has incorporated into the family strengths and needs tool are addressed at some time during the assessment.

For each category, there are four possible responses:

"a." This is a strength response. Caretaker(s)/children with a response of "a" have exceptional skills or resources in this area.

“b.” This is an "average" response. Caretaker(s)/children with a response of "b" have not achieved the exceptional skills or resources reflected by a response of "a," and may experience a degree of stress or struggle common to uncomplicated caretaker(s)/child functioning.

"c." This is a caretaker(s)/child experiencing increased need in the category’s domain.

"d." This is a caretaker(s)/child experiencing extraordinary need in the category’s domain.

To determine a category’s score, the worker should consider the entire scope of information available about the caretaker(s)/child including the family’s perspective, information from collateral sources, existing records and documents, and worker observations. Often, different sources will suggest different responses (e.g., father states he has no problem with alcohol, but has two DUIs in last year, mother states she believes he is an alcoholic, a court-ordered AOD assessment suggests alcohol dependency, father’s brother states father has no problem with alcohol). The worker must reach a determination based on social work assessment skills that take into account the merits of each perspective.

Items SN1 to SN11 and CSN1 to CSN9

Determine the appropriate response for each item and enter the corresponding score on the line provided. Be aware of negative and positive values.

Items SN1 to SN11 relate to adults in the family/household: if there is more than one adult and each adult has a different response, enter the score reflecting the GREATEST need (lowest score).

Items CSN1 to CSN9 relate to children in the family/household. Use one column for each child who will be assessed.

Priority Needs and Strengths
To identify priority needs and strengths, consider scores for items SN1 through SN11 in Section A (caretaker) of the family strengths and needs assessment. All identified child needs will be considered in the family case plan.

For priority needs, enter the item number and title that corresponds with the three LOWEST scores (keep in mind that when numbers are negative, a higher number is a lower score, i.e., -3 is lower than -1). Only items with negative scores may be included as priority needs.

For priority strengths, enter the item number and title that corresponds with the three HIGHEST scores. Only items with "0" or positive scores may be included as priority strengths.

For both needs and strengths, ties are resolved by worker judgement about which of the tied items are most critical.

Other
In some cases, families will identify unique areas of needs or strengths that are not captured in the 11 categories that comprise the family strengths and needs assessment. If this occurs, check whether there is an additional strength (response 1) or need (response 2), or no additional need or strength (response 3). If #1 or #2 is checked, briefly describe.

Case Plan
A family case plan is to be written with goals and objectives that consider and incorporate the caretakers' priority strengths in addressing the caretakers' priority needs. The family case plan is also to include service referrals that address children's needs and take into consideration children's strengths. It is the caretaker's responsibility to assure that the children's needs are met through appropriate service provision.

Related Policy:

Physical and Cognitive Developmental Milestones[2]		
Age Level	**Physical Skills**	**Cognitive Skills**
0-1 Year		
0-4 weeks	Lifts head when on abdomen. Head momentarily to midline when on back. Equal extremity movements. Sucking reflex. Grasp reflex (no reaching, and hand usually closed). Increasing body tone and stabilization of basic body functions, growing capacity to stay awake.	Looks at face transiently. By three to four weeks, smiles selectively to mother's voice and human voice leads to quieting of cries. Cries if uncomfortable or in state of tension; undifferentiated initially, but gradually varies with cause (i.e. hungry, tired, pain).
1-3 months	Head to 45 degrees when on abdomen, erect when sitting. Bears fraction of weight when held in standing position. Uses vocalizations. By two-three months, grasps rattle briefly. Puts hands together. By three-four months, may reach for objects, suck hand or fingers. Head is more frequently to midline, and comes to 90 degrees when on abdomen. Rolls side to back.	Increased babbles and coos. Most laugh out loud, squeal, and giggle. Smiles responsively to human face. Increases attention span.
3-6 months	Rolls from abdomen to back, then from back to abdomen. Bears increasing weight when held upright. No head lag when pulled to sitting. Head, eyes, and hands work well together to reach for toys or human face. Inspects objects with hands, eyes, and mouth. Takes solid food well.	Spontaneously vocalizes vowels, consonants, a few syllables. Responds to tone and inflection of voice. Smiles at image in mirror.
6-9 months	Sits without support. Increasingly mobile. Stands while holding on. Pushes self to sitting. Grasps objects, transfers objects. Feeds self finger foods, puts feet to mouth, may hold own bottle. Approaching nine months, pulls self to standing.	Says mama/dada randomly. Begins to imitate speech sounds. Many syllable sounds (ma, ba, da). Responds to own name, beginning responsiveness to "no, no." Sense of "townies" (i.e., putting in and taking out).
9-12 months	Crawls with left-right alternation. Walks with support, stands momentarily, and takes a few uneasy steps. Most have neat pincer grasp. Bangs together objects held in each hand. Plays pat-a-cake. Fifty percent drink from cup by themselves.	Imitates speech sounds. Correctly uses mama/dada. Understands simple command ("give it to me"). Beginning sense of humor.

[2] Adapted from "Developmental Milestones Summary," Institute for Human Services, (1990).; "Developmental Charts" provided by Jeffery Lusko, Orchards Children's Service, Southfield, MI; "Early Childhood Development from two to six years of age," Cassie Landers, UNICEF HOUSE, New York.

Physical and Cognitive Developmental Milestones		
Age Level	**Physical Skills**	**Cognitive Skills**
1-2 Years		
12-15 months	Stands well alone, walks well, stoops and recovers. Neat pincer grasp. Can put a ball in a box, and a raisin in a bottle. Can build a tower of two cubes. Spontaneous scribbling with palmer grasp of crayon. Fifty percent use spoon with minimal spilling. Most drink from cup unassisted.	Three to five word vocabulary. Uses gestures to communicate. Vocalizing replaces crying for attention. Understands "no." Shakes head for no. Sense of me and mine. Fifty percent imitate household tasks.
15-18 months	Runs stiffly. Walks backwards. Attempts to kick. Climbs on furniture. Crude page turning. Most use spoon well. Fifty percent can help in little household tasks. Most can take off pieces of clothing.	Vocabulary of about ten words. Uses words with gestures. Fifty percent begin to point to body parts. Vocalizes "no." Points to pictures of common objects (i.e., dog). Knows when something is complete such as waving bye-bye. Knows where things are or belong. More claiming of mine. Beginning distinction of you and me, but does not perceive others as individuals like self. Resistant to change in routine. Autonomy expressed as defiance. Words are not important discipline techniques.
18-24 months	While holding on, walks up stairs, then walks down stairs. Turns single pages. Builds tower of four-six cubes. Most copy vertical line. Strings beads or places rings on spindles. Helps dress and undress self. Can wash and dry hands. Most can do simple household tasks.	Markedly increased vocabulary (mostly nouns). Consistently points to body parts. Combines two to three words. Names pictures of common objects. Follows simple directions. Matches colors frequently, but uses color names randomly. Uses number words randomly. May indicate wet or soiled diapers. Asks for food or drink. Understands and asks for "another." Mimics real life situations during play. Self-centered, but distinguishes between self and others. Conscious of family group.
2 Years	Jumps in place with both feet. Most throw ball overhead. Can put on clothing-most can dress self with supervision. Can use zippers, buckles, and buttons. Most are toilet trained. Good steering on push toys. Can carry a breakable object. Can pour from one container to another. By 30 months, alternates feet on stair climbing, pedals tricycle, briefly stands on one foot; builds eight-cube tower, proper pencil grasp, imitates horizontal line.	Learns to avoid simple hazards (stairs, stoves, etc.). By 30 months, vocabulary reaches 300 words. Identity in terms of names, gender, and place in family are well established Uses “I,” but often refers to self by first name. Phrases and three-four word sentences. By 36 months, vocabulary reaches 1,000 words, including more verbs and some adjectives. Understands big versus little. Interest in learning, often asking "What's that?"

Physical and Cognitive Developmental Milestones		
Age Level	**Age Level**	**Age Level**
3 Years	Most stand on one foot for five seconds. Most hop on one foot. Most broad-jump. Toilets self during daytime. By 38 months, draws picture and names it. Draws two-part person.	Counts to three. Tells age by holding up fingers. Tells first and last name (foster children may not know last name). Most answer simple questions. Repeats three or four digits or nonsense syllables. Readiness to conform to spoken word. Understands turn-taking. Uses language to resist. Can bargain with peers. Understands long versus short. By end of third year, vocabulary is 1,500 words.
4-5 Years	Most hop on one foot, skip alternating feet, balance on one foot for ten seconds, catch bounced ball, do forward heel-toe walk. Draws three-part person. Copies triangles, linear figures (may have continued difficulty with diagonals, and may have rare reversals). Most dress independently other than back buttons and shoe tying. Washes face and brushes teeth. Laces shoes.	By end of fifth year, vocabulary is over 2,000 words including adverbs and prepositions. Understands opposites (day/night). Understands consecutive concepts (big, bigger, biggest). Lots of why and how questions. Correctly counts five to ten objects. Correctly identifies colors. Dogmatic and dramatic. May argue about parental requests. Good imagination. Likes silly rhymes, sounds, names, etc. Beginning sense of time in terms of yesterday, tomorrow, sense of how long an hour is, etc. Increasingly elaborate answers to questions.
6-11 Years	Practices, refines, and masters complex gross and fine motor and perceptual skills.	Concrete operational thinking replaces egocentric cognition. Thinking becomes more logical and rational. Develops ability to understand others' perspectives.
12-17 Years	Physiological changes at puberty promote rapid growth, maturity of sexual organs, and development of secondary sex characteristics.	In early adolescence, precursors to formal operational thinking appear, including limited ability to think hypothetically and to take multiple perspectives.
		During middle and late adolescence, formal operational thinking becomes well developed and integrated in a significant percentage of adolescents.

COMPUTER INSTRUCTIONS - INTERIM STRATEGY
SDM Family Strengths and Needs Assessment and Child Welfare Services Case Management System
Service Objectives Map

Instructions: After identifying priority needs using the SDM FSNA, locate each priority need in column one. Identify the service objective(s) from column two that best apply to this family (service objectives are those appearing in the CMS drop-down menu). Bold items directly and/or fully correspond to the FSNA item. Remaining items indirectly and/or partially correspond to the FSNA item.

When you open the CMS service objectives drop-down menu, you may click on the objectives selected.

If completing the contributing factor and/or strength screens in CMS, proceed as above, using the corresponding columns in this table.

FSNA Priority Need	Service Objective (select one or more most appropriate)	Contributing Factor	CMS Strength
SN1. Substance Abuse/Use	**Do not abuse alcohol** **Do not abuse drugs** Able and willing to have custody. Acquire adequate resources. Do not neglect your child's needs. Do not physically abuse your child. Do not sexually abuse your child. Eliminate danger to physical health. Have no contact with child. Improve basic self care, grooming, dressing, and hygiene. Monitor child's health, safety, well-being. Obtain/maintain legal source of income.	**Parent skills hindered by alcohol abuse.** **Parent skills hindered by drug abuse.** Child born with drugs in his/her system. Child has no caretaker. Parent unable/unwilling to supervise child.	**Free from alcohol/drug dependency.** Appropriate involvement with child.
SN2. Household Relationships	**Develop supportive interpersonal relationships (detail should describe application to household).** Control anger/negative behavior. Treat others with respect.	Family boundaries rigid/punitive. Minor mother cannot live with parents. Parent does not control anger. Parent has no support system (specify within home). Parent has unsafe associations/activities in home. Parent is co-dependent and affects parenting. Parent lacks conflict resolution skills. Parent unable to cope due to family/personal crisis.	Absent parent supportive. Insight into family problems. Intact family. Motivated to solve problems.

FSNA Priority Need	Service Objective (select one or more most appropriate)	Contributing Factor	CMS Strength
SN3. Domestic Violence	**Refrain from domestic violence.** Control anger/negative behavior. Protect yourself from abusive partner.	**Abusive behavior indicates escalating risk.** **Parent has unsafe associations/activities in the home.** Family lacks a safe home. Parent does not control anger. Parent has a history of abusive behavior. Parent has a history of being abused.	Insight into family problems. Motivated to solve problems. Willingness to change.
SN4. Social Support System	**Develop supportive interpersonal relationships (detail should describe application to extended family and community).** Acquire adequate resources. Arrange child care/support during your absence.	**Parent has no support system.** **Child at risk due to isolation by caretaker.**	**Community support utilized.** **Extended family/friend support.** Social skills.
SN5. Parenting Skills	**Do not neglect your child's needs.** **Do not physically abuse your child.** **Do not sexually abuse your child** **Do not use physical punishment.** **Provide appropriate/adequate parenting.** Able and willing to have custody. Assure school attendance. Know age-appropriate expectations. Monitor/correct child's behavior. Monitor child's health, safety, and well-being. Positive interaction with child during visits. Protect child from contact with abuser. Protect child from emotional harm. Protect child from physical abuse. Protect child from sexual abuse. Provide care for child's special needs. Provide emotional support for child.	**Abusive behavior indicates escalating risk.** **Parent lacks parenting skills.** Lack of parent/child bonding/involvement. Parent developmental disability hinders ability to parent. Parent mental health hinders ability to parent. Parent skills hindered by alcohol abuse. Parent skills hindered by drug abuse. Parent skills hindered by immaturity. Parent is co-dependent and affects parenting. Parenting roll reversal between parent and child. Parent unable/unwilling to supervise child.	**Parenting skills.** Appropriate involvement with child. Awareness of age-appropriate development. Disciplines appropriately. Good parent/child bonding. Realistic expectations of child.
SN6. Mental Health/ Coping Skills	**Stabilize mental health.** Able and willing to have custody. Improve basic self care, grooming, dressing, and hygiene. Take responsibility for actions.	**Parent mental health hinders ability to parent.** **Parent unable to cope due to family/ personal crisis.** Child has no caretaker. Parent has poor impulse control. Parent is co-dependent and affects parenting. Parent unable/unwilling to supervise child.	**Emotionally healthy.** Goal setting/planning skills. Insight into family problems. Motivated to solve problems. Positive attitude. Self-esteem.

FSNA Priority Need	Service Objective (select one or more most appropriate)	Contributing Factor	CMS Strength
SN7. Household History of Criminal Behavior or Child Abuse and Neglect	**Do not break the law.** **Do not neglect your child's needs.** **Do not physically abuse your child.** **Do not sexually abuse your child.** **Protect child from contact with abuser.** **Protect child from emotional harm.** **Protect child from physical abuse.** **Protect child from sexual abuse.** Accept disclosure made by child. Allow victim confrontation (?) Comply with court orders. Have no contact with child. Obtain/maintain legal source of income.	**Abusive behavior indicates escalating risk.** **Parent has a history of abusive behavior.** **Parent has a history of being abused.** **Parent unable/unwilling to supervise child.** Child has no caretaker.	**Law abiding.** **No prior abuse/neglect record.**
SN8. Resource Management	**Acquire adequate resources.** **Maintain suitable residence for child(ren).** **Obtain/maintain legal source of income.** Able and willing to have custody. Acquire basic cooking skills. Acquire basic skills to seek employment. Acquire shopping, budgeting, and money management skills. Do not neglect your child's needs. Eliminate danger to physical health. Improve basic self care, grooming, dressing, and hygiene. Provide care for child's special needs. Will complete vocational training.	**Family has no income.** **Family lacks a safe home.** **Parent has inadequate resources to meet needs.** Lack of housekeeping knowledge/skills. Parent has lack of job skills.	**Housing adequate.** **Income source adequate.** Child care adequate. Clean/safe home and yard. Employed. Medical care adequate. Personal hygiene adequate. Transportation available.
SN9. Cultural/Community	**Acquire adequate resources (detail should describe application to cultural/ community resources).**	**Parent has no support system.** Child's associations affect parent's ability to supervise child. Minor mother cannot live with parents.	**Community support utilized.** **Extended family/friend support.**
SN10. Physical Health	**Eliminate danger to physical health.** **Improve basic self care, grooming, dressing, hygiene (detail should describe application to self-physical care).** Able and willing to have custody.	**Parent unable to cope due to family/personal crisis.** **Parent unable/unwilling to supervise child.**	**Physically healthy.** Medical care adequate.

FSNA Priority Need	Service Objective (select one or more most appropriate)	Contributing Factor	CMS Strength
SN11. Communication Skills	Control anger/negative behavior. Treat others with respect.	Child at risk due to isolation by caretaker. Parent developmental disability hinders ability to parent. Parent lacks conflict resolution skills. Parent not cooperating indicates risk to child.	Cooperative. Social skills.
CSN1. Emotional/ Behavioral	**Monitor/correct child's behavior.** **Provide emotional support for child.** **Stabilize mental health.** Accept disclosure made by child. Child to abide by placement rules. Child to cooperate with child welfare worker. Control anger/negative behavior. Improve basic self care. Grooming, dressing, hygiene. Maintain problem free school behavior. Monitor child's health, safety, and well-being. Protect child from emotional harm. Provide care for child's special needs. Take responsibility for actions. Treat others with respect.	**Child's behavior threatens siblings.** **Child's behavior affects parent's ability to cope.** Child born with drugs in his/her system. Child's associations affect parent's ability to supervise child.	**Emotionally healthy.** Positive attitude. Self esteem.
CSN2. Family Relationships	**Develop supportive interpersonal relationships.** Accept disclosure made by child. Allow victim confrontation. Control anger/negative behavior. Have no contact with child. Positive interaction during child visits. Refrain from domestic violence. Treat others with respect.	**Child has no caretaker.** **Family boundaries rigid/punitive.** **Lack of parent/child bonding/ involvement.** Child at risk due to isolation by caretaker. Minor mother cannot live with parents. Parent has unsafe associations/activities in home. Parent is co-dependent and affects parenting. Parent lacks conflict resolution skills. Parenting roll reversal between parent and child.	**Appropriate involvement with child.** **Good parent/child bonding.** **Relates appropriately to parents/adults.** Insight into family problems. Intact family. Absent parent supportive.

FSNA Priority Need	Service Objective (select one or more most appropriate)	Contributing Factor	CMS Strength
CSN3. Medical/Physical	**Provide care for child's special needs.** **Eliminate danger to physical health.** **Monitor child's health, safety, and well-being.** Able and willing to have custody. Arrange child care during your absence (detail should describe application to specialized care). Do not neglect your child's needs (medical/health needs).	**Child's disability affects parent's ability to cope.** Child born with drugs in his/her system. Parent has inadequate resources to meet needs. Parent not cooperating (with medical treatment) indicates risk to child. Parent unable to cope due to family/personal crisis.	**Medical care adequate.** **Physically healthy.** Child care adequate.
CSN4. Child Development	**Provide care for child's special needs.** Know age-appropriate expectations. Prepare for independent living.	**Child's disability affects parent's ability to cope.** **Parent unable/unwilling to supervise child.** Child born with drugs in his/her system. Child at risk due to isolation by caretaker. Lack of hygiene knowledge/skills. Parent has inadequate resources to meet needs. Parent has no support systems.	**Awareness of age-appropriate development.** Personal hygiene adequate. Realistic expectations of child.
CSN5. Cultural/ Community Identity		Child's associations affect parent's ability to supervise child.	**Community support utilized.** **Extended family/friend support.**
CSN6. Substance Abuse	**Do not use drugs.** **Do not use alcohol.**	**Child's behavior affects parent's ability to cope.** Child's associations affect parent's ability to supervise child.	**Free from alcohol/drug dependency.**
CSN7. Education	**Assure school attendance.** **Attend school regularly.** **Complete homework.** Prepare for independent living. Will complete vocational training. Will remain in school until graduation.	Child's behavior affects parent's ability to cope.	**Child doing well in school.**

FSNA Priority Need	Service Objective (select one or more most appropriate)	Contributing Factor	CMS Strength
CSN8. Peer/Adult Social Relationships	**Develop supportive interpersonal relationships.** Control anger/negative behavior. Positive interaction during child visits. Treat others with respect.	**Child's associations affect parent's ability to supervise child.** Child at risk due to isolation by caretaker.	**Social skills.**
CSN9. Delinquent Behavior	**Do not break the law.** Comply with court orders. Control anger/negative behavior. Take responsibility for actions.	**Child's behavior affects parent's ability to cope.** Child's associations affect parent's ability to supervise child.	**Law abiding.** Willingness to change.

Process Objectives

Comply with visitation.
Maintain placement with potential legal guardian.
Maintain long term placement for the child(ren).
Obtain/finalize adoption.
Obtain/finalize guardianship requirements.

CALIFORNIA
CONTACT GUIDELINES

ONGOING WORKER MINIMUM CONTACT GUIDELINES FOR IN-HOME SERVICES		
Risk Level	**Parent/Guardian and Child Contacts**	**Location**
Low	**One** face-to-face per month with parent/ guardian and child **One** collateral contact	**Must** be in parent/guardian's residence
Moderate	**Two** face-to-face per month with parent/ guardian and child **Two** collateral contacts	**One** must be in parent/guardian's residence
High	**Three** face-to-face per month with parent/guardian and child **Three** collateral contacts	**One** must be in parent/guardian's residence
Very High	**Four** face-to-face per month with parent/ guardian and child **Four** collateral contacts	**Two** must be in parent/guardian's residence

Additional Considerations	
Contact Definition	Each required contact shall include at least one parent/guardian and one child. During the course of a month, each parent/guardian and each child in the household shall be contacted at least once.
Designated Contacts	The ongoing worker/supervisor/service team may delegate face-to-face contacts to providers with contractual relationship to the agency and/or other agency staff such as social work aids. However, the ongoing worker must always maintain at least one face-to-face contact with the parent/guardian and child per month as well as monthly contact with the service provider designated to replace the ongoing worker's face-to-face contacts.

CONTACT GUIDELINES FOR FAMILY REUNIFICATION CASES	
RISK LEVEL	**DOCUMENTED CONTACTS WITH PARENT/GUARDIAN**
Low	One face-to-face per month with parent/guardian One collateral contact
Moderate	Two face-to-face per month with parent/guardian Two collateral contacts
High	Three face-to-face per month with parent/guardian Three collateral contacts
Very High	Three face-to-face per month with parent/guardian Three collateral contacts
	DOCUMENTED CONTACTS WITH CHILDREN
	At least one face-to-face per month with each child
ADDITIONAL CONSIDERATIONS	
Contact Definition	During the course of a month, each parent/guardian and each child shall be contacted at least once.
Designated Contacts	The ongoing worker must always maintain at least one face-to-face contact per month with the parent/guardian. However, the ongoing worker may delegate remaining contacts to service providers outlined in the case plan, or other agency staff.
OVERRIDES	
	A discretionary override to these contact guidelines is permitted based on unique case circumstances that are documented by the ongoing worker and approved by the supervisor. All case contacts must at least meet Division 31 regulations.

CALIFORNIA
REASSESSMENTS FOR IN-HOME SERVICES CASES

At a minimum, each ongoing case is reviewed in conjunction with each judicial review hearing (at least every six months) to assess progress toward objectives and long-term goals including reduction of risk and needs. A reassessment may be done earlier if there have been significant changes that affect risk and needs. Most of the forms that comprise the reassessment are already familiar to the worker. One new form, the risk reassessment, is similar to the family risk assessment.

The risk reassessment determines whether the case should remain open or be closed. For cases that will remain open, the reassessment includes updating the treatment plan based on current needs and strengths and sets new contact standard levels.

Each reassessment includes:

1. Family Risk Reassessment
2. Family Strengths and Needs Reassessment
3. Child Strengths and Needs Reassessment

If the case will remain open, the reassessment also includes a Case Plan Update.

Safety

A safety assessment is not required at specified time intervals. For open cases in which a child is in the home and new information or circumstances require that safety of the child be assessed, the safety assessment should be used according to instructions in Section II of this manual to determine whether the child may remain in the home with or without protective interventions, or be protectively placed.

c: 06/02

CALIFORNIA
FAMILY RISK REASSESSMENT FOR IN-HOME CASES

Case Name: _____ **Case #:** _____ **Date:** _____

County Name: _____ **Worker Name:** _____ **Worker ID#:** _____

R1. Number of Prior Neglect or Abuse CPS Investigations **Score**
- a. None 0
- b. One 1
- c. Two or more ..... 2 _____

R2. Household has Previously Received CPS (voluntary/court-ordered)
- a. No 0
- b. Yes ..... 1 _____

R3. Primary Caretaker has a History of Abuse or Neglect as a Child
- a. No 0
- b. Yes ..... 1 _____

R4. Child Characteristics (check applicable items and add for score)
- a. ___One or more children in household is developmentally or physically disabled 1
- b. ___One or more children in household is medically fragile or diagnosed with failure to thrive 1
- c. ___No child has any of the above characteristics ..... 0 _____

The following case observations pertain to the period since the last assessment/reassessment.

R5. New Investigation of Abuse/Neglect since the Initial Risk Assessment or Last Reassessment
- a. No 0
- b. Yes ..... 2 _____

R6. Caretaker(s) has not Addressed Alcohol or Drug Abuse Problem Since Last Assessment/Reassessment (check one)
- a. ___No history of alcohol or drug abuse problem 0
- b. ___No current alcohol or drug abuse problem; no intervention needed 0
- c. ___Yes, alcohol or drug abuse problem; problem is being addressed 0
- d. ___Yes, alcohol or drug abuse problem; problem is <u>not</u> being addressed ..... 1 _____

R7. Problems with Adult Relationships
- a. None applicable 0
- b. Yes, harmful/tumultuous relationships with adults 1
- c. Yes, domestic violence ..... 2 _____

R8. Primary Caretaker Provides Physical Care Inconsistent with Child Needs
- a. No problems 0
- b. Yes, problems ..... 1 _____

R9. Primary Caretaker's Progress with Case Plan (check one)
- a. ___Not applicable; all services unavailable 0
- b. ___Successfully completed all services recommended or actively participating in services; pursuing objectives detailed in case plan 0
- c. ___Minimal participation in pursuing objectives in case plan 1
- d. ___Has participated but is not meeting objectives; refuses involvement in services or failed to comply/participate as required ..... 2 _____

R10. Secondary Caretaker's Progress with Case Plan (check one)
- a. ___Not applicable; all services unavailable 0
- b. ___Not applicable; only one caretaker in home 0
- c. ___Successfully completed all services recommended or actively participating in services; pursuing objectives in case plan 0
- d. ___Minimal participation in pursuing objectives in case plan 1
- e. ___Has participated but is not meeting objectives; refuses involvement in services or failed to comply/participate as required ..... 2 _____

TOTAL SCORE _____

SCORED RISK LEVEL. Assign the family's risk level based on the following chart:

Score	Risk Level	
0 - 2	_____	Low
3 - 5	_____	Moderate
6 - 8	_____	High
9 - 16	_____	Very High

POLICY OVERRIDES. Circle <u>yes</u> if a condition shown below is applicable in this case. If <u>any</u> condition is applicable, override final risk level to very high.

Yes No 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.
Yes No 2. Non-accidental injury to a child under age two.
Yes No 3. Severe non-accidental injury.
Yes No 4. Parent/caretaker action or inaction resulted in death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made, circle yes, circle override risk level, and indicate reason. Risk level may be overridden one level higher or lower.

Yes No 5. If <u>yes</u>, override risk level (circle one): Low Moderate High Very High

Discretionary override reason: _____

Supervisors Review/Approval of Discretionary Override: _____ Date: ____/____/____

FINAL RISK LEVEL (circle final level assigned): Low Moderate High Very High

CALIFORNIA
FAMILY RISK REASSESSMENT
DEFINITIONS

R1. Number of Prior Neglect or Abuse CPS Investigations.
Score the item based on the count of all investigations, substantiated or not, which were assigned for CPS investigation for any type of abuse or neglect prior to the investigation resulting in the current case. Where possible, history from other county or state jurisdictions should be checked. Exclude investigations of out-of-home perpetrators (e.g., day care) unless one or more caretakers failed to protect.

R2. Household has Previously Received CPS (voluntary/court-ordered).
Score 1 if household has previously received child protective services prior to the current event. Service history includes voluntary or court-ordered family services or Family Preservation Services, but does not include delinquency services.

R3. Primary Caretaker has a History of Abuse or Neglect as a Child.
Score 1 if credible statements by the primary caretaker or others indicate that the primary caretaker was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse).

R4. Child Characteristics.
Score the appropriate amount for each characteristic present and record the sum as the item score:

a) Score 1 if any child is developmentally or physically disabled, including any of the following: mental retardation, learning disability, other developmental problem or significant physical handicap;
b) Score 1 if any child in the household is medically fragile, defined as having a long-term (six months or more) physical condition requiring medical intervention) or is diagnosed as failure to thrive;
c) Score 0 if no child in the household exhibits characteristics listed above.

R5. New Investigation of Abuse/Neglect since the Initial Risk Assessment or Last Reassessment.
Score 2 if at least one investigation has been initiated **since the initial risk assessment or last reassessment**. This includes open or completed investigations, regardless of investigation conclusion, that have been initiated since the initial assessment or last reassessment.

R6. Caretaker(s) has not Addressed Alcohol or Drug Abuse Problem Since Last Assessment/Reassessment.
Indicate whether or not the primary and/or secondary caretaker has a current alcohol/drug abuse problem that interferes with the caretaker's or the family's functioning and he/she is not addressing the problem. If both caretakers have a substance abuse problem, rate the more negative behavior of the two caretakers. Not addressing the problem is evidenced by:

- substance use that affects or affected caretaker's employment; criminal involvement; marital or family relationships; or his/her ability to provide protection, supervision, and care for the child(ren);
- an arrest since the last assessment/reassessment for driving under the influence or refusing breathalyzer testing;
- self report of a problem;
- multiple positive urine samples;
- health/medical problems resulting from substance use;
- child(ren) diagnosed with Fetal Alcohol Syndrome or Exposure (FAS or FAE) or child(ren) had positive toxicology screen at birth and primary or secondary caretaker was birthing parent.

Score the following:

a) Score 0 if there is no history of a alcohol or drug abuse problem.

b) Score 0 if there is no current alcohol or drug abuse problem that requires intervention.

c) Score 0 if there is an alcohol or drug abuse problem and the problem is being addressed.

d) Score 1 if there is an alcohol or drug abuse problem and the problem is not being addressed.

Legal, non-abusive prescription drug use should not be scored.

R7. Problems with Adult Relationships.

Score this item based upon current status of adult relationships in the household:

a) Score 0 if there are no problems observed;

b) Score 1 if yes, there are harmful/tumultuous adult relationships. Adult relationships which are harmful to domestic functioning or the care the child(ren) receive (but not at the level of domestic violence);

c) Score 2 if yes, domestic violence is present. Household has had, since the most recent assessment, physical assault(s) or periods of intimidation/threats/harassment between caretakers or between a caretaker and another adult.

R8. Primary Caretaker Provides Physical Care Inconsistent with Child Needs.

Score 1 if physical care of child(ren) (age-appropriate feeding, clothing, shelter, hygiene, and medical care of child[ren]) threatens the child(ren)'s well-being or results in harm to child(ren). Examples include:

- repeated failure to obtain required immunizations;
- failure to obtain medical care for severe or chronic illness;
- repeated failure to provide child(ren) with clothing appropriate to the weather;
- persistent rat or roach infestations;
- inadequate or inoperative plumbing or heating;

- poisonous substance or dangerous objects lying within reach of small child(ren);
- child(ren) is wearing filthy clothes for extended periods of time; or
- child(ren) is not being bathed on a regular basis resulting in dirt caked on skin and hair and a strong odor.

R9. Primary Caretaker's Progress with Case Plan

Score this item based on whether the primary caretaker has demonstrated or is beginning to demonstrate skills learned from participation in services:

a) Score 0 if not applicable. All desired services were unavailable during the last assessment period;

b) Score 0 if caretaker successfully completed all services recommended or actively participating in services; or is pursuing objectives detailed in case plans. Observation demonstrates caretaker's application of learned skills in interaction(s) between child(ren)/caretaker, caretaker to caretaker, caretaker to other significant adult(s), self-care, home maintenance, financial management, or demonstration of skills toward reaching the behavioral objectives agreed upon in the case plan;

c) Score 1 if there was minimal participation in pursuing objectives in case plan. The caretaker is minimally participating in services, has made progress but is not fully complying with the objectives in the case plan;

d) Score 2 if caretaker has participated in services but is not meeting case plan objectives, refused involvement in services, or failed to comply/participate as required. The caretaker refuses services, sporadically follows the case plan, or has not demonstrated the necessary skills due to a failure or inability to participate.

R10. Secondary Caretaker's Progress with Case Plan.

Rate this item based on whether the secondary caretaker has demonstrated or is demonstrating skills learned from participation in services:

a) Score 0 if not applicable. All desired services were unavailable during the last assessment period;

b) Score 0 if not applicable; only one caretaker in the home. There is no secondary caretaker in the home;

c) Score 0 if caretaker successfully completed all services recommended or actively participating in services; or is pursuing objectives detailed in case plans. Observations demonstrate caretaker's application of learned skills in interaction(s) between child(ren)/caretaker, caretaker to caretaker, caretaker to other significant adult(s), self-care, home maintenance, financial management, or demonstration of skills toward reaching the behavioral objectives agreed upon in the case plan;

d) Score 1 if there was minimal participation in pursuing objectives in case plan. The caretaker is minimally participating in services, has made progress but is not fully complying with the objectives in the case plan;

e) Score 2 if caretaker has participated in services but is not meeting case plan objectives, refused involvement in services, or failed to comply/participate as required. The caretaker refuses services, sporadically follows the case plan, or has not demonstrated the necessary skills due to a failure or inability to participate.

CALIFORNIA
FAMILY RISK REASSESSMENT
POLICY AND PROCEDURES

The family risk reassessment combines items from the original risk assessment tool with additional items that evaluate a family's progress toward case plan goals.

Research has demonstrated that for the reassessment, a single index best categorizes risk for future maltreatment. Unlike the initial risk assessment which contains separate indices for risk of neglect and risk of abuse, the risk reassessment tool is comprised of a single index.

Which cases: All open cases in which all children remain in the home.

When: At minimum, in conjunction with each judicial review hearing, but at least every six months from the initial face-to-face contact.

A reassessment should be completed sooner if there are new circumstances or new information that would affect risk.

If a new referral is received while a case is open, an initial risk assessment (not a risk reassessment) will be completed during the investigation, according to risk assessment policy and procedures in Section III of this manual.

- The original reassessment schedule will remain in effect (that is, all reassessments will occur in conjunction with each judicial review hearing and at least every six months from the initial face-to-face contact).

- However, if the case was a voluntary case and the NEW referral results in a dependency petition, future reassessments will be completed in conjunction with each judicial review hearing, and at least every six months from the initial face-to-face contact related to the NEW referral.

Who: The case-carrying worker.

Decisions: The risk reassessment guides the decision to close a case.

- All cases in which risk is reduced to low should be considered for closure unless special circumstances exist.

- Cases in which risk remains or is reduced to moderate should be considered for closure if there is a corresponding reduction in priority needs as indicated in the family strengths and needs reassessment (see family strengths and needs reassessment policy and procedures in this section).

- High or very high risk cases should remain open unless special circumstances exist.

For cases that remain open following reassessment, the NEW risk level guides minimum contact standards that will be in effect until the next reassessment is completed. Use the contact standards matrix in Section V of this manual.

Appropriate Completion:

Items R1-R4: Using the definitions, determine the appropriate response for each item and enter the corresponding score. Note that items R1 and R2 refer to the period of time PRIOR to the investigation that led to the opening of the current case. Scores for these two items should be identical to corresponding items on the initial risk assessment unless additional information has become available.

Item R3 may change if new information is available or if there has been a change in primary caretaker.

Item R4 may change if a child's condition has changed, or if a child with a described condition is no longer part of the household (children in out-of-home placement with a plan to return home are considered part of the household).

Items R5-R10: These items are scored based ONLY on observations since the most recent assessment or reassessment.

Using the definitions, determine the appropriate response for each item and enter the corresponding score.

After entering the score for each individual item, enter the total score and indicate the corresponding risk level.

Policy Overrides: As on the initial risk assessment, the agency has determined that there are certain conditions that are so serious that a risk level of very high should be assigned regardless of the risk assessment score. The policy overrides refer to incidents or conditions that occurred since the initial risk assessment or last reassessment. If one or more policy override condition exists, circle the reason for the override and circle "very high" for the override risk level. Policy overrides require supervisory review.

Discretionary Overrides: Discretionary overrides are used by the ongoing worker whenever the worker believes that the risk score does not accurately portray the family's actual risk level. Unlike the initial risk assessment in which the worker could only *increase* the risk level, the risk reassessment permits the worker to increase or *decrease* the risk level by one step. The reason a worker may now decrease the risk level is that after a minimum of six months, the worker has acquired

significant knowledge of the family. If the worker applies a discretionary override, the reason should be written in for item #5, discretionary override. The worker then circles the override risk level. Discretionary overrides require supervisory review.

Related Policies: Division 31-230.11 (court-ordered cases).
Division 31-235.11 (voluntary cases).

CALIFORNIA
FAMILY STRENGTHS AND NEEDS REASSESSMENT
POLICY AND PROCEDURES

Reassessment of family strengths and needs provides an opportunity to evaluate a family's progress toward reducing needs. In the aggregate, reassessments also provide a continuing profile of case characteristics for agency planning and program development.

The family strengths and needs form and definitions used for initial assessments are also used for reassessments.

Which cases: All cases that will remain open.

When: At minimum, in conjunction with each judicial review hearing, but at least every six months from the initial face-to-face contact.

A reassessment should be completed sooner if there are new circumstances or new information that would affect family strengths or needs.

If a new referral is received while a case is open, a family strengths and needs assessment is completed in conjunction with the new referral.

- The original reassessment schedule will remain in effect (that is, all reassessments will occur in conjunction with each judicial review hearing and at least every six months from the initial face-to-face contact).

- However, if the case was a voluntary case and the NEW referral results in a dependency petition, future reassessments will be completed in conjunction with each judicial review hearing, and at least every six months from the initial face-to-face contact related to the NEW referral.

Who: The case-carrying worker.

Decisions: For cases in which family risk level is moderate at the time of reassessment, the family strengths and needs reassessment is considered with the risk assessment in making a decision about whether to close the case. Reduction of priority needs items (for example, parenting skills was previously scored "d" and was included as a priority need, and on reassessment is scored "b") may guide a worker toward closing the case.

For cases in which the family risk level is high or very high at the time of reassessment, substantially reduced family needs levels across all domains may be considered in conjunction with other special circumstances in making a decision to close a case.

For cases that will remain open, the priority needs established as a result of the reassessment should be addressed in the updated case plan. Similarly, the updated case plan should draw upon the updated family strengths in addressing areas of priority need.

Appropriate Completion:

At reassessment, the family strengths and needs form is completed in exactly the same manner it is completed at the time of the initial assessment except:

- Indicate that this is a reassessment and indicate which reassessment is being completed (first, second, etc.).

- Consider ONLY the period of time since the most recent assessment/reassessment.

CALIFORNIA
REUNIFICATION REASSESSMENT

Case Name: _____ **Date Completed:** ____/____/____

Case #: _____ **Household Assessed:** _____

Is this the removal household? **Yes** **No** **Assessment # (circle):** **1** **2** **3** **4** **5** **6**

A. REUNIFICATION RISK REASSESSMENT

Score

R1. Risk Level on Most Recent Referral (not reunification risk level or risk reassessment)

a. Low 0
b. Moderate 3
c. High 4
d. Very high ..... 5 _____

R2. Has there been a New Substantiation since the Initial Risk Assessment or Last Reunification Reassessment?

a. No 0
b. Yes ..... 2 _____

R3. Progress Toward Case Plan Goals

a. Successfully met all case plan objectives and routinely demonstrates desired behavior ..... -2
b. Actively participating in programs; routinely pursuing objectives detailed in case plan; frequently demonstrates desired behavior ..... -1
c. Partial participation in pursuing objectives in case plan; occasionally demonstrates desired behavior 0
d. Refuses involvement in programs or has exhibited a minimal level of participation with case plan; rarely or never demonstrates desired behavior ..... 4 _____

Total Score _____

REUNIFICATION RISK LEVEL
Assign the risk level based on the following chart.

Score		Risk Level
-2 to 1	___	Low
2 to 3	___	Moderate
4 to 5	___	High
6 and above	___	Very High

OVERRIDES (During Current Period)
Override to Very High. Check appropriate reason.

Policy Overrides:

_____ 1. Prior sexual abuse; perpetrator has access to child(ren) and has not successfully completed treatment.
_____ 2. Cases with non-accidental physical injury to an infant and parent(s) have not successfully completed treatment.
_____ 3. Serious non-accidental physical injury requiring hospital or medical treatment and parent(s) have not successfully completed treatment.
_____ 4. Death of a sibling as a result of abuse or neglect in the household.

Discretionary Override: (Reunification risk level may be adjusted up or down one level)

____ 5. Reason: _____

FINAL REUNIFICATION RISK LEVEL: ____ 1. Low ____ 2. Moderate ____ 3. High ____ 4. Very High

Supervisors Review/Approval of Discretionary Override:

_____ Date: _____

* To be completed for each household to which a child may be returned (e.g., father's home; mother's home).

B. VISITATION PLAN EVALUATION (See definitions below.)

Visitation Frequency Compliance with Visitation Plan	Quality of Face-to-Face Visit			
	Strong	**Adequate**	**Limited**	**Destructive**
Totally				
Routinely				
Sporadically				
Rarely or Never				

Shaded cells indicate acceptable visitation.

Overrides:

_____ Policy: Visitation is supervised for safety
_____ Discretionary (reason): _____

Definitions

Visitation Frequency - Compliance with Case Plan
(Visits that are appreciably shortened by late arrival/early departure are considered missed.)

Totally: Parent regularly attends visits or calls in advance to reschedule (90-100% compliance).
Routinely: Parent may miss visits occasionally and rarely requests to reschedule visits (65-89% compliance).
Sporadically: Parent misses or reschedules many scheduled visits (26-64% compliance).
Rarely or Never: Parent does not visit or visits 25% or fewer of the allowed visits (0-25% compliance).

Quality of face to face Visit (Quality of visit assessment is based on social worker's direct observation whenever possible, supplemented by observation of child, reports of foster parents, etc.)

Strong — Consistently:
- X demonstrates parental role.
- X demonstrates knowledge of child's development.
- X responds appropriately to child's verbal/non-verbal signals.
- X puts child's needs ahead of their own.
- X shows empathy toward child.

Adequate — Occasionally:
- X demonstrates parental role.
- X demonstrates knowledge of child's development.
- X responds appropriately to child's verbal/non-verbal signals.
- X puts child's needs ahead of their own.
- X shows empathy toward child.

Limited — Rarely:
- X demonstrates parental role.
- X demonstrates knowledge of child's development.
- X responds appropriately to child's verbal/non-verbal signals.
- X puts child's needs ahead of their own.
- X shows empathy toward child.

Destructive — Never:
- X demonstrates parental role.
- X demonstrates knowledge of child's development.
- X responds appropriately to child's verbal/non-verbal signals.
- X puts child's needs ahead of their own.
- X shows empathy toward child.

C. IF RISK LEVEL IS LOW OR MODERATE AND PARENTS HAVE ATTAINED AN ACCEPTABLE LEVEL OF COMPLIANCE WITH VISITATION PLAN, COMPLETE A REUNIFICATION SAFETY ASSESSMENT. OTHERWISE GO TO SECTION D.

CALIFORNIA
REUNIFICATION SAFETY ASSESSMENT

Complete if risk is low or moderate and visitation is acceptable.

SECTION 1: PROTECTIVE FACTOR IDENTIFICATION
(Assessment must include a home visit.)

This assessment covers the entire period of time since the last assessment was completed. It rates the current situation in the household.

Review each of the eight factors. These factors are protective behaviors or conditions that minimize the likelihood of a child(ren) being in immediate danger of serious harm. Check all that apply to any child(ren) in the household, and to any child(ren) who is being considered for return to the household.

_____ 1. Parent/Guardian(s) protects child(ren) from serious physical abuse, sexual abuse, neglect, or threatened harm.

_____ 2. Parent/Guardian(s) allows access to child(ren) and there is no reason to believe that the family is about to flee.

_____ 3. Parent/Guardian(s) is willing and able to meet the child(ren)'s needs for supervision, food, clothing, and medical or mental health care.

_____ 4. The parent/guardian(s)' current physical living conditions are not hazardous or threatening to the health and safety of the child(ren).

_____ 5. Parent/Guardian(s)' ability to supervise, protect, and care for the child(ren) is not impaired by substance use.

_____ 6. Domestic violence does not exist in the home.

_____ 7. Parent/Guardian(s) describes child(ren) in neutral or positive terms and acts toward child(ren) in positive or neutral ways.

_____ 8. There are no new household members who have a history of child maltreatment, sexual abuse, domestic violence, or a violent record.

If any other condition exists in the household which places child(ren) in immediate danger of serious harm, check item nine and briefly describe the safety factor:

_____ 9. Other (specify): _____

SECTION 2: SAFETY INTERVENTIONS

If all eight protective factors are present AND item nine is not checked, skip to Section 3. If one or more protective factors are absent OR item nine is checked, consider whether protective interventions 1-8 will allow the child(ren) to return to the home. Check the item number for all protective interventions that will be implemented. If there are no available protective interventions that would allow the child(ren) to return to the home, indicate by checking item nine or ten.

Check all that apply:

_____ 1. Intervention or direct services by worker.

_____ 2. Use of family, neighbors, or other individuals in the community as safety resources.

_____ 3. Use of community agencies or services as safety resources.

_____ 4. The parent/guardian(s) will appropriately protect victim from the alleged perpetrator.

_____ 5. The alleged perpetrator will leave the home, either voluntarily or in response to legal action.

_____ 6. The non-offending parent/guardian has moved to a safe environment with the child(ren).

_____ 7. Legal action (specify): _____

_____ 8. Other (specify): _____

_____ 9. The parent/guardian(s) will voluntarily place the child(ren) outside the home.

_____ 10. Child(ren) remains in substitute care because interventions 1-8 do not adequately assure child(ren)'s safety.

SECTION 3: REUNIFICATION SAFETY DECISION

Identify the reunification decision by checking the appropriate line below. This decision should be based on the assessment of all protective factors, safety factors, protective interventions, and any other information known about the case. Check one line only.

1. _____ All protective factors are present at this time, and no safety factor was identified. Based on currently available information, there are no children likely to be in immediate danger of serious harm. Child(ren) will be returned home.

2. _____ One or more protective factors are absent or a safety factor was identified, and protecting interventions have been planned or taken. One or more children will be returned home.

   _____ The following child(ren) will be returned home:

   _____ _____ _____

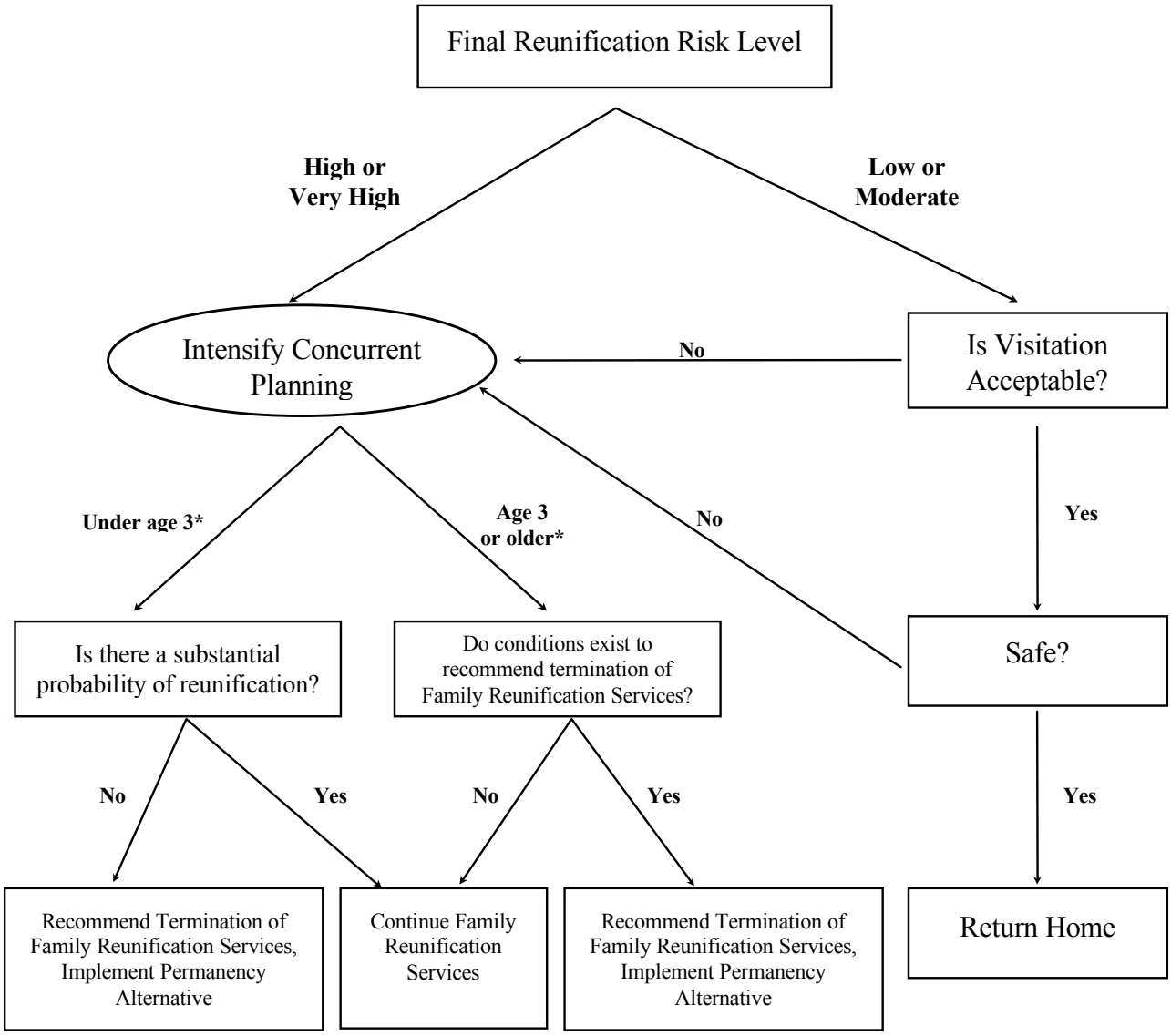
   _____ _____ _____

   _____ _____ _____ _____ _____ _____

3. _____ One or more protective factors are absent or a safety factor was identified, and placement is the only protecting intervention possible for all child(ren). Without remaining in placement, child(ren) will likely be in danger of immediate or serious harm.

D. PLACEMENT/PERMANENCY PLAN GUIDELINES
(Complete for each child receiving family reunification services and enter results in Section E. Consult with supervisor and appropriate statutes and regulations.)

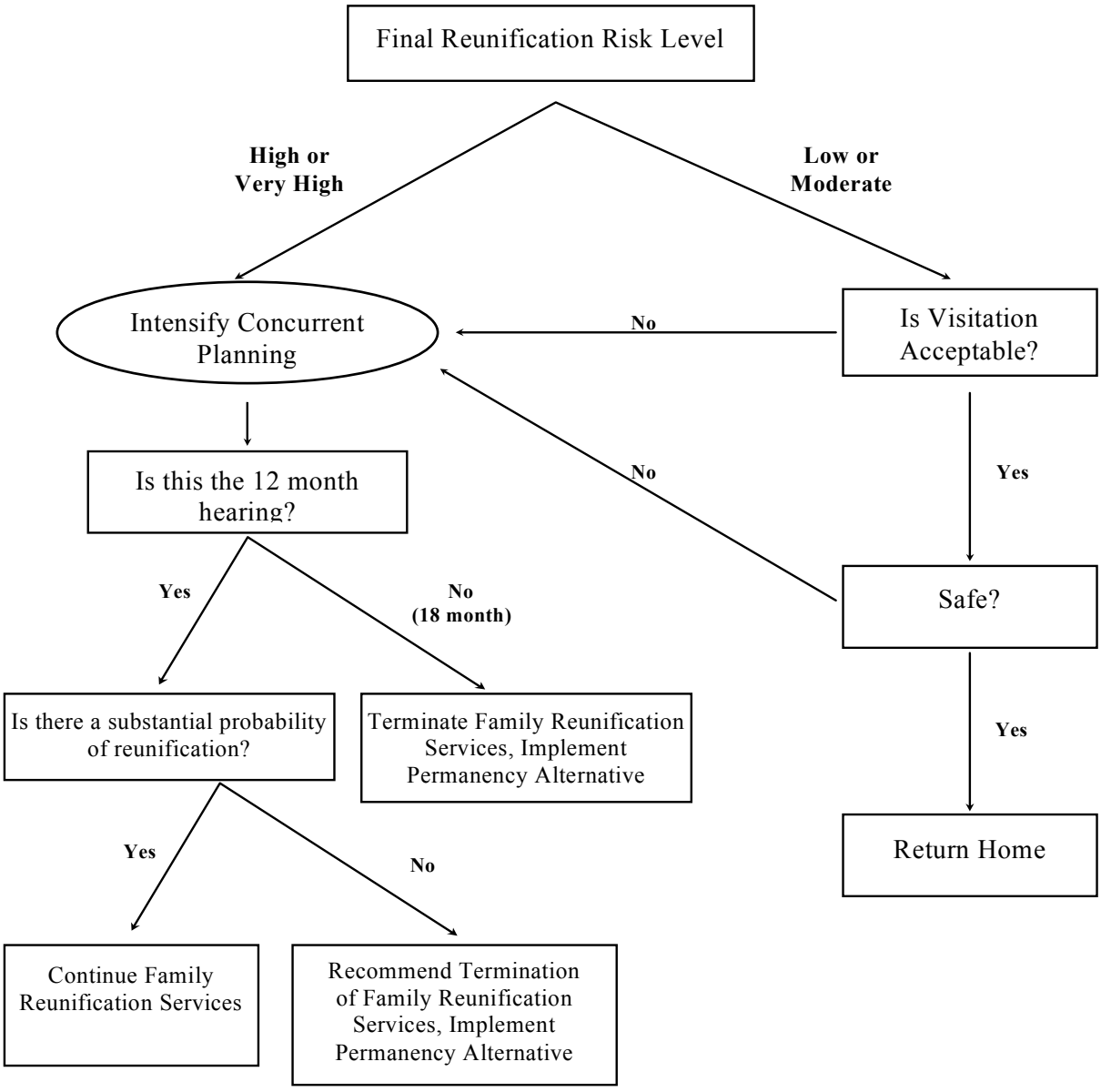
Use up to and including 6 month hearing



Override:
If at any age a child has been in placement for 15 of the last 22 months, it shall result in termination of family reunification services and implementation of permanency alternative.

* If child is part of a sibling group, consider WI code 361.5

Use after 6 month hearing



Override:
If at any age a child has been in placement for 15 of the last 22 months, it shall result in termination of family reunification services and implementation of permanency alternative.

E. RECOMMENDATION SUMMARY

(If recommendation is the same for all children, enter "all" under child # and complete row 1 only.)

Child #	Recommendation		
	Return Home	**Continue Family Reunification Services**	**Terminate Family Reunification Services; Implement Permanent Alternative**
1.			
2.			
3.			
4.			

F. CONTACT GUIDELINES

CONTACT GUIDELINES FOR FAMILY REUNIFICATION CASES	
RISK LEVEL	**DOCUMENTED CONTACTS WITH PARENT/GUARDIAN**
Low	One face-to-face per month with parent/guardian One collateral contact
Moderate	Two face-to-face per month with parent/guardian Two collateral contacts
High	Three face-to-face per month with parent/guardian Three collateral contacts
Very High	Three face-to-face per month with parent/guardian Three collateral contacts
	DOCUMENTED CONTACTS WITH CHILDREN
	At least one face-to-face per month with each child
ADDITIONAL CONSIDERATIONS	
Contact Definition	During the course of a month, each parent/guardian and each child shall be contacted at least once.
Designated Contacts	The ongoing worker must always maintain at least one face-to-face contact per month with the parent/guardian. However, the ongoing worker may delegate remaining contacts to service providers outlined in the case plan, or other agency staff.
OVERRIDES	
	A discretionary override to these contact guidelines is permitted based on unique case circumstances that are documented by the ongoing worker and approved by the supervisor. All case contacts must at least meet Division 31 regulations.

CALIFORNIA STRUCTURED DECISION MAKING PILOT PROJECT
REUNIFICATION REASSESSMENT
POLICY AND PROCEDURES

The purpose of the reunification assessment is to structure critical case management decisions for children in placement who have a reunification goal by:

1. Routinely monitoring critical case factors that affect goal achievement,
2. Helping to structure the case review process, and
3. Expediting permanency for children in substitute care.

Which Cases: All ongoing cases in which at least one child is in placement with a goal of return home.

Who: Ongoing worker

Decisions: The reunification reassessment guides decision making to:

a. Return a child(ren) to the removal household[3] or to another household with a legal right to placement (non-removal household); or
b. Maintain out of home placement; and/or
c. Terminate reunification services and implement a permanency alternative.

When: Every 180 days or prior to court hearing, whichever comes first; or whenever return home is being considered, as long as the goal is "return home."

Appropriate Completion: Following the principles of family-centered practice, the reunification reassessment is completed in conjunction with each appropriate household and begins when a case is first opened. The case plan should be shared with the household at the beginning, so that the household understands what is expected. The reunification reassessment form should be shared with the household at the same time so that the household understands exactly what will be used to evaluate reunification potential and the threshold that they must reach. Specifically inform them of their original risk level and explain that this will serve as the baseline for reunification reassessment (unless a new referral is received, in which case the new risk level will be used). Explain that a new substantiation or failure to progress toward case plan goals would increase their risk level and that progress toward case plan goals will reduce their risk level. Explain that both the quantity and quality of their visitation will be considered, and that they must attend at least 65% of their visits and have at least adequate quality (provide the definition for adequate

[3] Removal household is that household from which the child was removed, or, if due to joint custody, that designation is unclear, then the household where the most serious maltreatment occurred is to be designated the removal household. Non-removal households are those with legal rights to the child (father's home, mother's home).

quality). Provide information on the reunification safety assessment and explain that if everything else would permit reunification, the final consideration is safety. They must either demonstrate that all protective factors are present or there must be a plan to address any absent protective factors.

A. Reunification Risk Assessment

R1 - The baseline for all reunification reassessments is the risk level. This is the research-based component of SDM. Generally, the correct risk level will be the final risk level from the original household risk assessment, completed within 30 days of the initial face-to-face contact. However, if a household has experienced one or more subsequent referrals WHETHER OR NOT THE REFERRAL WAS SUBSTANTIATED, there should be a new risk assessment completed on that household. In this case, enter the most recent risk assessment result. (Do not use a prior risk reassessment or a reunification reassessment risk level.)

R2 - Consider only the period of time between the original assessment (if this is the first reunification reassessment), or the most recent reunification reassessment. If there has been a new SUBSTANTIATION in this period, enter "yes" (score=2). If not, enter "no" (score=0).

R3 - Determine progress toward case plan goals in consultation with the household and all service providers who have been working with the household toward these goals. Consider only the period of time between the original assessment (if this is the first reunification reassessment), or the most recent reunification reassessment.

Reunification Risk Level. Check the risk level that corresponds to the total score.

Overrides

Consider only the period of time between the original assessment (if this is the first reunification assessment), or the most recent reunification reassessment. Overrides require supervisory approval.

Policy overrides. Indicate if a policy override condition exists. Presence of one or more policy override conditions increases risk to very high.

Discretionary override. Discretionary overrides are used by the ongoing worker whenever the worker believes that the risk score does not accurately portray the household's actual risk level. Unlike the initial risk assessment in which the worker could only increase the risk level, the reunification risk reassessment permits the worker to increase or decrease the risk level by one step. The reason a worker may now decrease the risk level is that after a minimum of six months, the worker has acquired significant knowledge of the household. If the worker applies a discretionary override, the reason

should be specified in #5, and the final reunification risk level should be marked.

B. Visitation Plan Evaluation

If visitation frequency and quality were identical for all children in family, indicate that matrix applies to all children. If visitation varied among children, complete one matrix for each child.

- Determine visitation frequency. Determine the number of visits that occurred. Divide by the number of visits available to the household. Note that this is not necessarily the number of visits required by the case plan. Do not count visits that did not occur for reasons not attributable to the household (e.g., foster parent failed to make child available, transportation the agency was required to provide did not occur).

  $$\frac{\text{Actual visits}}{\text{Available visits}} = \text{visitation frequency}$$

- Determine visitation quality. Consider multiple sources of information including, but not limited to, social worker observation, parent/guardian report, foster parent report, child report.

On the matrix, locate the row corresponding with the household's visitation frequency, and the column corresponding with the household's visitation quality. Place a mark where the row and column intersect. If this mark appears in the shaded area, the household is considered to have adequate visitation. If the mark appears outside of the shaded area, visitation is considered inadequate.

Overrides: Policy override: The agency has determined that reunification would not be considered if there is a requirement that all visits be supervised for the child(ren)'s safety.

Discretionary override: A worker may determine that unusual circumstances exist that warrant changing an adequate to an inadequate, or changing inadequate to adequate. Reason for this change must be documented and supervisor approval is required (e.g., quality of visit was strong, and 64% of visits were completed. All missed visits were due to documented medical emergencies).

C. Reunification Safety Assessment

The reunification safety assessment is only completed when:

- Reunification risk level is low or moderate AND
- Visitation is acceptable

The reunification safety assessment is based on the principles of the SDM safety assessment. However, at the time of considered reunification the tool guides the worker to evaluate for the presence of eight protective factors. Like the original safety assessment, the reunification safety assessment consists of three sections:

SECTION 1: Protective Factor Identification. Based on all information known about this household at this time, indicate whether each protective factor exists. Item #9 allows a worker to indicate that there is a unique condition in the home that would cause danger of immediate harm if the child(ren) was returned.

SECTION 2: Safety Interventions. If EVERY protective factor (#1-#8) is present, AND item #9 is NOT checked, there is no need to complete section 2; proceed to section 3. If one or more protective factors are ABSENT, or if item #9 is completed, it is necessary to consider whether there are safety interventions that could be put in place to mitigate the danger of immediate harm if the child(ren) was returned.

The safety intervention list is made up of general categories of interventions rather than specific programs. The worker should consider each potential category of interventions and determine whether that intervention is available and sufficient to mitigate the danger of immediate harm, and whether there is reason to believe parent/guardian(s) will follow through with a planned intervention. Simply because an intervention exists in the community does not mean it should be used in a particular case. The worker may determine that even with an intervention the child would be unsafe; or the worker may determine that an intervention would be satisfactory, but has reason to believe the parent/guardian would not follow through. The worker should keep in mind that any single intervention may be insufficient to mitigate the danger of immediate harm, but a combination of interventions may provide adequate safety. Also keep in mind that the safety intervention is not the case plan - it is not intended to "solve" household's problems or provide long-term answers. A safety plan permits a child to remain home while work on the case plan continues.

If one or more protective factors was absent (or item #9 indicated that a unique safety factor exists) and the worker determines that interventions are unavailable, insufficient, or may not be used, the final option is to indicate that child(ren) will be placed.

If one or more interventions will be implemented, check each category that will be used. If there is an intervention that will be implemented that does not fit in one of the categories, check line 8 and briefly describe the intervention. The intervention category "10" is used only when a child will remain in alternate care.

SECTION 3: Safety Decision. In this section, the worker records the result of the safety assessment. There are three choices:

a. Check this line if all protective factors were present and no unique safety factor was identified.

b. If one or more protective factors was identified, or a unique safety factor is present, and the worker was able to identify sufficient safety interventions that lead the worker to believe the child may return home for the present time, this line is checked.

c. If the worker determined that one or more children could not be safely returned home even after considering a complete range of interventions, this line is checked. It is possible that the worker will determine that interventions make it possible for one child to return home while another must remain in substitute care. Check this line if ANY child is returned home, and indicate which child(ren) will be returning.

Accurate completion of the safety tool adheres to the following internal logic:

- If all protective factors are checked and no unique safety factor is indicated, there should be no interventions checked and the only possible safety decision is (1).

- If one or more protective factors are absent, or a unique safety factor is indicated, there must be at least one intervention checked and the only possible safety decisions are (2) or (3).

- If one or more interventions are checked AND remaining in substitute care is not checked as an intervention, the safety decision that should be checked is (2). Remaining in substitute care should not be checked as an intervention if other interventions are checked.
- If remain in substitute care is checked as an intervention, the safety decision must be (3).

D. Placement/Permanency Plan Guidelines

After completing the reunification risk level, visitation plan evaluation, and reunification safety assessment (if indicated), select the appropriate decision tree, based on the length of time the child(ren) has been in substitute care:

one tree is used up to and including the six month hearing, the second tree is used at any time after the six month hearing.

Begin at the top of the tree. Proceed to the left if reunification risk level is high or very high, and to the right if reunification risk level is low or moderate.

If reunification risk level is low or moderate, AND visitation is NOT acceptable (based on visitation evaluation matrix, page 79), OR child(ren) is NOT safe (based on reunification safety assessment, page 80), join the path on the left, beginning with "Intensify Concurrent Planning."

Intensify Concurrent Planning signifies that the worker should examine elements of the case plan that address potential permanent planning, and assure that efforts are proceeding in a timely manner. This may include identifying all potential permanent placements, assessing whether or not the child's placement should be changed to accommodate permanency, etc.

Continue following the pathway until a termination point is reached. Termination points include:

- Return home
- Continue Family Reunification Services
- Terminate Family Reunification Services, Implement Permanency Alternative

Override: Indicate if the child has been in placement for 15 of the last 22 months, it shall result in termination of family reunification services and implementation of permanency alternative.

E. Recommendation Summary

The SDM reunification summary is designed to guide worker decisions. In addition to the SDM tool, the worker should consider all relevant Division 31 regulations, Welfare and Institution Code statutes, and should consult with their supervisor.

For each child being assessed, record the final recommendation.